

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathis  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 JUN 30 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000003913**

1. Corporation Name

**ONE CROW: DEVELOPMENT CORPORATION, INC.**

Principal Place of Business

Mailing Address

4141 NE SECOND AVE  
SUITE 108  
MIAMI FL 33137  
US

9011 SW 122 AVENUE  
SUITE 212  
MIAMI FL 33186

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**5173 NW 112 Ct**

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

**Miami, Florida 33178**

City & State

Zip

**33178**

Country

**USA**

Zip

Country



**REINSTATEMENT 98-93**

4. Date Incorporated or Qualified  
To Do Business in Florida

**01/09/1996**

5. FEI Number

**65-0689866**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	CROWELL, J. SHANNON	<del>10765 SW 108TH AVE #108</del>	<del>MIAMI FL 33178</del>
<del>D</del>	<del>COLON, Y. LISA</del>	<del>10765 SW 108TH AVE #108</del>	<del>MIAMI FL 33178</del>
	CROWELL, J. SHANNON	5173 NW 112 Ct.	MIAMI, FL 33178

100002927711--7  
-07/09/99--01086--010  
\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CROWELL, J. SHANNON  
10765 SW 108TH AVE  
SUITE 108  
MIAMI FL 33178

Name  
**CROWELL, J. SHANNON**  
Street Address (P.O. Box Number is Not Acceptable)  
**5173 NW 112 Ct.**  
Suite, Apt. #, Etc.

City **Miami, Florida**

State  
**FL**

Zip Code  
**33178**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date **6.18.99**

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

**J. Shannon Crowell, Pres.**

**6.18.99**

**305.718.4887**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (9/98)