PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.							
AD	PLICATION	/ 1 // 1 N. M.	NT OF STATE			(1)	
DE4.	COR.	i i ivali	State _				
KHN	ANTO	DIVINO OLEM	NS	_	FILED		
DQCUMENT # P98000060264 1. Corporation Name				99 NOV -4 AM 10: 02			
C/ROWN SALES CORP.				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address					5 (2) (5) (5) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		
CORAL CA	RDI-AVEAUE BLEG-FL-30146	1217-ALGARDI AVENUE CORAL GABLES FL-SSI48	FC FL SELAR				
2279	0CKA, FL.33054	P.O. BOX 54052 OPALOCKA, FC. 3	x 540528 x 4 F1.22054		- 10151 13111 44111 84111 86111 95111 91111 Bi	Ne 11216 21(1) (1)(1) (100)	
∣lĨabkovea	ddresses are incorrect in any way, line throincipal Office Address, If Applicable	ugh incorrect information and enter 3. New Mailing Office Address, if	correction below.	4. Date Incorp	orated or Qualified		
QQ. Suite, Apt.	75 NW 1505+	P.O. Box 53 Sulte, Apt. #, etc.	10528	To Do Busir	orated or Qualified ness in Florida 07/00	3/1998	
City & State	8 / /-	City & State / /		5. FEI Number	-0850605	Applied For	
Zip	19/0CKQ FC	Palocka	72.	6.	5 8 75	Not Applicable	
530	and Street Addresses of Each Officer and/o	33054-0528 Count	USA state of local	L	OF STATUS DESIRED []	Certificate of Status	
Title(s)	Name of Officers and/or Directors	St	reet Address of Each		City / State	/ 7 in	
	2 3			4			
PD	DESSBERG, VICTOR 1217 ALCARDI AV		100 7	DAVIE FL 33328			
VSTD	MURE, RICHARD 12:17 ALCARDI.		LAKE SHORE DR COOPER SITY FL 3502			4 FC 33026	
	1/3/5		LIME SINCE UN COOPER LITY PC 35000				
-			•				
			200	0000030463608			
			-11/16/9901097013 ****150.00 ****150.00				
					SP		
					OI.	.,	
8. Name and Address of Current Registered Agent Name				9. Name and Address of New Registered Agent			
AMERILAWYER Street Address (6				CHKK LO. Box Number	ESQ,	(668)	
343 ALMERIA AVENUE CODAL CARLES EL 20124 Suite, Apl. #.				30. Box Number is Not Acceptable)			
CORAL CABLES FL-33124					State 2	lin Code	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.						33 34	
Signature of Registered Agent A Date 10/28/99							
REGISTERED AGENT MUST SIGN							
11. Leartify 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.							
	$\bigcap_{i=1}^{n}$	()					
SIGNAT	TURE / July K	Loulon	(E)	10-	28 9 8 305-3	89-1286	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date							



2

2275 N.W. 150th Street Ope Locks, Florida 33054

Telephone (954) 817-7171 (305) 389-1286 Fax (305) 688-4418

10/28/99

Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, Florida 32314-6327

Reference: Document# P98000060264 Phone conversation on 10/28/99 at 3:00 pm with Annual Report Representative.

To Whom It May Concern;

I, Victor Dessberg, President of Crown Sales Corp would like to have our reinstatement fee waived. We never received an Annual Report Form Application.

Thanks

Victor Dessberg, Pres.