

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000068005

1. Corporation Name

CROWN REALTY & INVESTMENT CORP.

Principal Place of Business

Mailing Address

~~4720 OAKS ROAD, SUITE B~~
~~DAVIE FL 33314~~

~~4720 OAKS ROAD, SUITE B~~
~~DAVIE FL 33314~~

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

2. New Principal Office Address, If Applicable

441 POINCIANA ISLAND DR.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

441 POINCIANA ISLAND DR.
Suite, Apt. #, etc.

City & State

SUNNY ISLES FL

Zip

33160

Country

USA

City & State

SUNNY ISLES FL

Zip

33160

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

07/30/1999

5. FEI Number

65-0939345

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	4 City / State / Zip
D	GLEITMAN, CHAIM	441 POINCIANA ISLAND AVE.	MIAMI BEACH FL 33160
D	ZVIDA, RAMI	4720 OAKS ROAD SUITE B	DAVIE FL 33314
			500003506245--9
			-12/19/00--01086--003
			****150.00 ****150.00
			SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KOFSKY, DAVID ALAN PA
3440 HOLLYWOOD BLVD., SUITE 450
HOLLYWOOD FL 33021

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/31/00 305 5778497

CR2E040 (8/00)



David Alan Kofsky, P.A.
Certified Public Accountant

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P99-
68005

November 3, 2000

Florida Department of State
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Crown Realty & Investment Corp.
P99000068005

Our client just received his notice of Administrative Dissolution from your office. He had moved last year, and the actual reports apparently had not been forwarded to him.

We have enclosed the completed Application for Reinstatement, with a check in the amount of \$150.00. We request that you abate the penalty for just cause.

Thank you for your attention in this matter. If you have any further questions, please give us a call.

Sincerely,

Carol A. Nash
Accountant

Enclosure: Application for Reinstatement, Division of Corporations
Check # 1110 in the amount of \$150.00