AF	PPLICATION 5. OR D. D. CONTROL OF COLUMN				200 May hua On Jaha ente 3 a					
}	FOR	FLORIE	DA DEPARTME		1	SECHE IA TALLAHAS	DV no.	V ,3		
REII	NSTATEMENT		Jim Smith			TALLAHAS	SEE -S	TALL		
1	ROWN CENTER, INC.	1000	Secretary of S				ore te	KHUA		
		1449	vision of corpo	PATIONS					- 1	
1	Read Instructions on Of Make Check Payabl							4	£10/3	
Name and Mailing Address of Corporation: DOCUMENT # V32821						2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an				
					amendment. C/O Hamaoui					
CROWN CENTER, INC.					Address					
800 East Cypress Creek Road Suite 303					3041 N.E. 49 Street					
Fort Lauderdale, FL 33334					Address					
Fore Inducerdate, Fig. 33334					City and State					
} ·			Fort Lauderdale, FL							
					Zip Code					
					33308					
	corporated or Qualified		4. FEI Number				☐ FE! Numi			
To Do B	Jusiness in Florida 04/29/9	2	<u> 65-0329</u>	706			☐ FEI Num	ber Not Ap	plicable	
5. Names and Street Addresses of Each Officer and/or Director Street Address of Each Street Address of Each										
Title 1	Names of Officers and/or Directors		Öffic	et Address of Each der and/or Director de Post Office Box Nu	imbers)	4	City and S	tate		
P/D	ISAAC HAMAOUI 3041 N.E			49 Street		Fort Laud	erdale,	FL 3	3308	
					ē.		233 8 94/970 405.00	11088-	2	
					2000023381120 -11/04/9701088027					
							*13.75		¥13.75	
<u>-</u>	R				EINSTATEMENT 93-97					
This corporation has liability for intangible tax under section 199.032, Florida Statutes. Yes X No For Intangible tax Information call Department of Revenue 904-488-6800.										
7. Name and Address of New Registered Agent								nt		
REGISTERED AGENT INFORMATION Name					HAMAOUI					
5. Name and Address of Content (registered Agent					Do NOT Use P.O. Box Number)					
STUART S. ROSENTHAL				3041 N.E. 49th Street						
800 East Cypress Creek Road				Street Address (Do NOT Use P.O. Box Number)						
Suite 303										
Fort Lauderdale, FL 33334-3512				City and State Zip Code Fort Lauderdale FI 33308						
B. I, being appointed the regulatered agent of the above named corporation, am familiar with and a				L,,	, , ,					
		opve named corpo	ration, am familiar with	and accept the obliq	gations of section	in 607.0505, F.S.				
Signature of Date 10/28/97										
P REGISTERED AGENT MUST SIGN										
9. 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., and that all fees owed by the corporation have been haid. 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 of Officer or Director A Phone # 954-202-9031										
Office of the state of the stat										
Typed or printed name of signing officer or director 1 SAAC HAMAOUI, PRESIDENT.										

10. Should you desire a certificate of status check the box.