

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2021 MAY 20 AM 10:49

CLERK OF STATE
TALLAHASSEE, FL

DOCUMENT # **P 12000044237**

1. Corporation Name

A1 Corp

2. Principal Office Address - No P.O. Box #

13315 SW 100 terr

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33186

Country

USA

3. Mailing Office Address

13315 S.W. - 100 terr

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33186

Country

USA

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CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida

5/10/2012

5. FEI Number

45-5346508

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Grizel Borges

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

13315 SW 100 terr

Suite, Apt. #, Etc

City

Miami, FL

State

FL

Zip Code

33186

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Grizel Borges
REGISTERED AGENT MUST SIGN

Date

3/8/21

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JSON CROWN	7201-A W. Palmetto PARK RD	Boca Raton, FL 33433

REINSTATEMENT

2019-2021

MAY 23 2021

JAL BRITTON

10. E-mail Address:

CROWN LUV Studios@gmail.com

(To be used for future annual report notification)

11. 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 paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

President

3/8/21

951 289 1771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR