

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 13 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F02955**
1. Corporation Name
C.R.R. Enterprises, Inc.

REINSTATEMENT 03-09

000027710610
02/13/04--01039--029 **150.00

2. Principal Office Address
13571 Jonquil Place
Suite, Apt. #, etc.

3. Mailing Office Address
13571 Jonquil Place
Suite, Apt. #, etc.

West Palm Beach
Zip Country Zip Country
33414 USA 33414 USA

5. FEI Number
592031539
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
Gary Reumann
Street Address (P.O. Box Number is Not Acceptable)
13571 Jonquil Place
Suite, Apt. #, Etc.
West Palm Beach,
City State Zip Code
Florida FL 33414

000027710610
01/28/04--01021--011 **300.00

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

Gary Reumann

REGISTERED AGENT MUST SIGN

Date **2/5/04**

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
PD	Gary Reumann	13571 Jonquil Place	West Palm Beach, FL 33414

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary Reumann

1/19/04
Date

561-683-3720
Daytime Phone #

CR2E081 (10/02)