

F19000004989

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

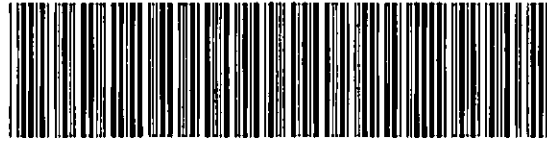
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W19000096459

04175 -  
00996- F170000375

Office Use Only



100335294611

10/31/19--01049--019 \*\*70.00

FILED  
2019 NOV -1 PM 3:27  
FILING OFFICE

Y SCOTT

NOV -2 2019

✓



**Cost Reduction  
ANALYSTS**  
*Your savings are our business*

October 30, 2019

By Email: Karen.Saly@dos.myflorida.com

To the Florida Division of Corporations:

On October 17, 2019, I mailed a foreign corporation filing to your office for our company, Cost Reduction Analysts, Inc. The foreign corporation filing that we previously had will no longer be used, is now inactive and will not be reinstated (document #F17000003785). We wish to re-qualify the company under the same name. This is to provide approval and consent that Cost Reduction Analysts, Inc. may be approved for a new foreign corporation filing under the same name.

Please contact me if you have any questions at sledner@CRAAsaves.com or 301-466-8749.

Thank you very much,

A handwritten signature in black ink, appearing to read 'Sherri Ledner', written in a cursive style.

Sherri Ledner, Vice President  
Cost Reduction Analysts, Inc.

2019 NOV -1 PM 3:27



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 31, 2019

SHERRI LEDNER  
157 RIDGEWAY ROAD  
SAINT AUGUSTINE, FL 32080

SUBJECT: COST REDUCTION ANALYSTS, INC.  
Ref. Number: W19000096459

We have received your document for COST REDUCTION ANALYSTS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is F1700003785.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott  
Document Specialist II

Letter Number: 819A00022555

## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
COST REDUCTION ANALYSTS, INC.

**SUBJECT:** \_\_\_\_\_  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:  
SHERRI LEDNER

\_\_\_\_\_  
Name of Person  
COST REDUCTION ANALYSTS, INC.

\_\_\_\_\_  
Firm/Company  
157 RIDGEWAY ROAD

\_\_\_\_\_  
Address  
SAINT AUGUSTINE, FL 32080

\_\_\_\_\_  
City/State and Zip code  
sledner@CRAstates.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sherri Ledner                      301                      466-8749  
\_\_\_\_\_  
Name of Person                      Area Code                      Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee      ☐ \$78.75 Filing Fee & Certificate of Status      ☐ \$78.75 Filing Fee & Certified Copy      ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

COST REDUCTION ANALYSTS, INC.

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

MARYLAND

52-1917240

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

03/03/1995

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

157 Ridgeway Road, Saint Augustine, FL 32080

7. \_\_\_\_\_  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Sherri Ledner

Name: \_\_\_\_\_

157 Ridgeway Road

Office Address: \_\_\_\_\_

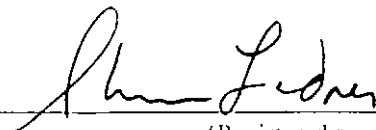
Saint Augustine

32080

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip code)

9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
\_\_\_\_\_  
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

ANDREW LEDNER

Chairman: \_\_\_\_\_

157 Ridgeway Road

Address: \_\_\_\_\_

Saint Augustine, FL 32080

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

ANDREW LEDNER

President: \_\_\_\_\_

157 Ridgeway Road

Address: \_\_\_\_\_

Saint Augustine, FL 32080

SHERRI LEDNER

Vice President: \_\_\_\_\_

157 Ridgeway Road

Address: \_\_\_\_\_

Saint Augustine, FL 32080

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is 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.

ANDREW LEDNER, PRESIDENT

13. \_\_\_\_\_

(Typed or printed name and capacity of person signing application)

# STATE OF MARYLAND


## Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT COST REDUCTION ANALYSTS, INC. (D04089405), INCORPORATED MARCH 03, 1995, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND BALTIMORE ON THIS OCTOBER 16, 2019.

FILED  
2019 OCT -1 PM 3:27  
CLERK

  
Michael L. Higgs  
Director



301 West Preston Street, Baltimore, Maryland 21201  
Telephone Baltimore Metro (410) 767-1340 Outside Baltimore Metro (888) 246-5941  
MRS (Maryland Relay Service) (800) 735-2258 TTY/Voice

Online Certificate Authentication Code: wrc-F9XOUGJGEJOek7vcA  
To verify the Authentication Code, visit <http://dat.maryland.gov/verify>