

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN 28 PM 1:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 03-04

DOCUMENT # G77972

1. Corporation Name

CZR INCORPORATED

2. Principal Office Address

1061 E. Indiantown Road

Suite, Apt. #, etc.

Suite 100

City & State

Jupiter, FL 33477

Zip
33477-5143

Country
USA

3. Mailing Office Address

1061 E. Indiantown Road

Suite, Apt. #, etc.

Suite 100

City & State

Jupiter, FL 33477

Zip
33477-5143

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/09/1984

5. FEI Number

56-1346848

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

Iden, Bruce F., Esq., Milledge, Iden & Snyder

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

2100 Ponce de Leon Blvd., Ste 1201

Suite, Apt. #, Etc.

City

Coral Gables

State
FL

Zip Code
33134

200027709132
01/28/04--01017--016 **308 75

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

Date

REGISTERED AGENT MUST SIGN

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	Hudgens, James M.	1061 E. Indiantown Road,	Suite 100, Jupiter, FL 33477-5143
D	Hudgens, James M.	" " "	" " "
STD	Hudgens, Judy T.	" " "	" " "
C	Hudgens, Judy T.	" " "	" " "

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:

Judy T. Hudgens

Judy T. Hudgens 1/22/04 561/747-7455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)



1061 EAST INDIANTOWN ROAD
SUITE 100
JUPITER, FLORIDA 33477-5143

TEL 561/747-7455
FAX 561/747-7576
czrjup@aol.com

23 January 2004
Sent Via FedEx-Standard This Date

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Document #G77972

To Whom It May Concern:

It has come to our attention that our Annual UBR form was not received in 2003 due to an address change. Per a telephone conversation, 21 January, with Justin Shivers, we were told to fill out the reinstatement application along with a check for \$300.00 and penalties would be waived. Enclosed is a check in the amount of \$308.75 to include a certificate of status along with our application with the correct address.

Should you require anything further, please telephone (561) 747-7455. Thank you for your prompt attention to this matter.

Sincerely yours,

CZR Incorporated

Judy T. Hudgens
Chief Executive Officer

JTH/jab
Enclosures

Word/admn/2004/0123Dept Of State