

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 AUG 11 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION

REINSTATEMENT

Annual Report



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L08000027257

1. Corporation Name

CTR REAL ESTATE HOLDINGS, LLC

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

8010 N. UNIVERSITY DR

Suite, Apt. #, etc.

3. Mailing Office Address

8010 N. UNIVERSITY DR.

Suite, Apt. #, etc.

City & State

TAMARAC, FL

City & State

TAMARAC, FL

Zip

33321

Country

USA

Zip

33321

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/14/2008

5. FEI Number

☒ 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

DAVID R. FARBSTEN, ESQ.

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

8010 N. UNIVERSITY DR.

Suite, Apt. #, Etc.

City

TAMARAC

State

FL

Zip Code

33321

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 07/22/09

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/D	JOHN J. GERARD	3502 BIMINI LANE, M-1	COCONUT CREEK, FL. 33066

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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/22/09

Date

201-447-0849

Daytime Phone #

CS