PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 NOV 12 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L49109

1. Corporation Name
C & R INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
4480 CEDAR SPRING RD C/O SAM COSENTINO BURLINGTON, ONT L7R3X4	4480 CEDAR SPRING RD C/O SAM COSENTINO BURLINGTON, ONT L7R3X4

REINSTATEMENT 96 aw

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
ELDA COSENTINO	ELDA COSENTINO
Suite, Apt. #, etc.: 4480 CEDAR SPRINGS RD.	Suite, Apt. #, etc.: 4480 CEDAR SPRINGS RD.
City & State: BURLINGTON, ONTARIO	City & State: BURLINGTON, ONTARIO
Zip: L7R 3X4. Country: CANADA.	Zip: L7R 3X4. Country: CANADA

4. Date Incorporated or Qualified To Do Business in Florida: 02/08/1990

5. FEI Number: 52-1670368 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
[redacted]	[redacted]	[redacted]	[redacted] TO BE CHANGED
[redacted]	[redacted]	[redacted]	[redacted] TO BE CHANGED
DPS	ELDA COSENTINO	4480 CEDAR SPRINGS RD.	BURLINGTON, ONTARIO.
T	GINO S. COSENTINO	4480 CEDAR SPRINGS RD.	BURLINGTON, ONTARIO.
			200002006142--5 -11/18/96--01007--031 ****183.75 ****183.75

8. Name and Address of Current Registered Agent

CATZ, ROCHELLE Z.
13161 MCGREGOR BLVD.
FT. MYERS FL 33919

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number not acceptable) 200002006142--5 -11/18/96--01007--032
Suite, Apt. #, Etc. ****200.00 ****200.00
City | State: FL | Zip Code

CR2E040 (7/95)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Rochelle Z. Catz REQUIRED
REGISTERED AGENT MUST SIGN
Date: 11/8/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☑
(See other side for information on intangible tax.)

12. 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: REQUIRED GINO S. COSENTINO Sept 20/96. (905) 332-5454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #