

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 APR 20 11 09 20

DOCUMENT # P00000022726

1. Corporation Name

CRG 3 Enterprises, Inc

2. Principal Office Address

860 SW 15th St.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33486

Country

USA

3. Mailing Office Address

860 SW 15th St

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33486

Country

USA

600073500636

05/01/06 200605024 \*\*750.00

4. Date Incorporated or Qualified  
To Do Business in Florida

2/25/00

5. FEI Number

65-1078604

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

Carl R. Gockman III

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

860 SW 15th St.

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33486

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

*Carl R. Gockman III*

REGISTERED AGENT MUST SIGN

Date

4/14/06

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.O.	Carl R. Gockman III	860 SW 15th St.	Boca Raton, FL 33486

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:

*Carl R. Gockman III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/14/06

Daytime Phone #

**Earl M. Cohen, C.P.A., P.A.**

*Certified Public Accountant*

2505 N.W. Boca Raton Blvd. • Suite 202

Boca Raton, Florida 33431

Tel.: (561) 347-1608 Fax: (561) 417-9984

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April 14, 2006

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

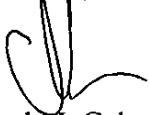
Re: CRG 3 Enterprises, Inc.  
Document #P0000022726

Gentlemen/Ladies:

- It has recently come to my attention that the above-referenced corporation was involuntarily dissolved due to the non-filing of several years' annual reports. The Company's mailing address
- had changed since the last filing in 2001 and according to Mr. Carl Gockman, he remembers no notices being received. It appears that the notices were never forwarded to the new address. Mr. Gockman is always very careful to ensure that invoices are paid on time if not for the fact that no notices were received. Enclosed is a check for \$750.00 representing the original fee due for the years 2002 through 2006. Mr. Gockman respectfully requests that the additional \$600.00 be waived.

If you have any questions concerning the above, please do not hesitate to contact me.

Sincerely,



Earl M. Cohen, C.P.A.

Enclosure  
cc: Mr. Carl Gockman

**MEMBER**

American Institute of Certified Public Accountants  
Florida Institute of Certified Public Accountants