

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 30 PM 5: 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000024878

1. Corporation Name

C.R. MANSION INC.

2. Principal Office Address

1320 STIRLING RD.

Suite, Apt. #, etc.

SUITE 4B

City & State

DANIA BEACH, FL

Zip

33004

Country

3. Mailing Office Address

1320 STIRLING RD.

Suite, Apt. #, etc.

SUITE 4B

City & State

DANIA BEACH, FL

Zip

33004

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

37-1430963

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

3/31/04 90004 044 150.00
10/17/03 01603-001-158 00

7. Name and Address of Current Registered Agent

Name

EDUARDO GANEM

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

1320 STIRLING ROAD

Suite, Apt. #, Etc.

SUITE 4B

City

DANIA BEACH, FL.

State

FL

Zip Code

33004

100036199791

05/12/04-01048-026 **\$80.00

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

EDUARDO GANEM
REGISTERED AGENT MUST SIGN

Date 4-27-04

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
PD	EDUARDO GANEM	1320 STIRLING RD. STE 4B	DANIA BEACH, FL 33004
SO	DORA S. GANEM	1320 STIRLING RD. STE 4B	DANIA BEACH, FL 33004

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:

DORA S. GANEM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-04

Date

(954) 922-2840

Daytime Phone

CR2E081 (01/04)