

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000026694

1. Corporation Name

CR ALLEN ENTERPRISES INC.

Principal Place of Business

Mailing Address

10221 PINES BLVD  
PEMBROKE PINES FL 33026

10221 PINES BLVD  
PEMBROKE PINES FL 33026

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/11/2002

5. FEI Number

☒ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

| Title(s)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4 |
|---------------|---|--|-------------------------|
| P             | ALLEN, CHRISTOPHER L                      | 2001 NW 99TH TERR                                      | PEMBROKE PINES FL 33024 |
| V             | ALLEN, RACHAEL A                          | 2001 NW 99TH TERR                                      | PEMBROKE PINES FL 33026 |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALLEN, CHRISTOPHER L  
2001 NW 99TH TERR  
PEMBROKE PINES FL 33024

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

03 OCT 21 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



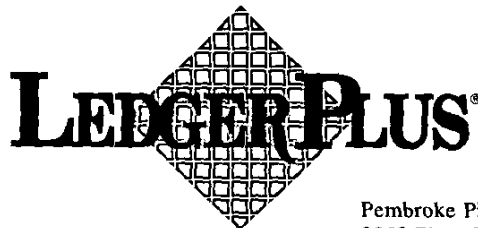
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REINSTATEMENT

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CR2040 (7/03)



October 19, 2003

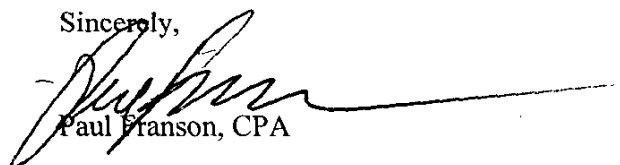
Pembroke Pines Professional Centre  
9050 Pines Blvd. #450  
Pembroke Pines, FL 33024  
(954) 450-9906  
FAX (954) 450-9908  
E-mail fransonph@earthlink.net

Florida Secretary of State  
Division of Corporations  
Mr. Tyrone Scott  
409 E. Gaines Street  
Tallahassee, FL 32399

Dear Mr. Scott

My name is Paul Franson and I am the accountant for CR Allen Enterprises, Inc. The owner of the business did not receive the 2002 UBR. We would respectfully request that the penalties be abated. Please find a reinstatement for 2002 and a check for \$150.

Sincerely,



Paul Franson, CPA