


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR -3 AM 11:11

DOCUMENT # **P02000037397**

1. Corporation Name

**C.P.R. INVESTMENTS, INC.**

2. Principal Office Address

**6553 Racquet Club**

Suite, Apt. #, etc.

**Dr.**

City & State

**Lauderhill, Florida**

Zip

**33319**

Country

**USA**

3. Mailing Office Address

**6553 Racquet Club**

Suite, Apt. #, etc.

**Dr.**

City & State

**Lauderhill, Florida**

Zip

**33319**

Country

**USA**

**REINSTATEMENT 03-05**

4. Date Incorporated or Qualified To Do Business in Florida

**3/25/2002**

5. FEI Number

**30-0070142**

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

**Lutz Luepke**

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

**4974 N. University Dr**

Suite, Apt. #, Etc.

City

**Lauderhill**

State

**FL**

Zip Code

**33351**

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

**Lutz Luepke**

Date

**2/24/05**

REGISTERED AGENT MUST SIGN

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	<b>Colleen Lopez Rodriguez</b>	<b>6553 Racquet Club Dr Lauderhill FL, 33319</b>	<b>Florida, 33319</b>
VP	<b>Gerard Rodriguez</b>	<b>6553 Racquet Club Dr Lauderhill</b>	

700048160817  
03/17/05--01002--004 \*\*450.00

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:

**[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/24/05**

Date

**(954) 746-5011**

Daytime Phone #

CFR2001 (01/05)



ACCOUNTING & BUSINESS SERVICES, INC.

4974 North University Drive • Sunrise, FL • 33351

2 of 2

**February, 24, 2005**

**RE: C.P.R. Investments, Inc.**

**DN: P02000037397**

**To Whom It May Concern:**

**Please note that my clients were told of there corporation dissolution when they tried to open a Bank Account for the above corporation. Please be aware that they never received and notice of dissolution and had been thinking that There Corporation was still in operation.**

**We are asking that the above corporation be reinstated and that all penalty and late fees waived. Enclosed you will find a check totaling in the amount of \$450.00. Thank you for your Understanding and prompt attention on this matter.**

**If any further information is needed. Please feel free to contact us at the number listed below. Thank you**

**Respectfully,**

**Nadine Power**

**Accounting Associate**

Ruth Liverpool, *President*

Phone: 954-746-5011 • Fax 954-746-7996

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