

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN 20 PM 1:21

DOCUMENT # *P 02000039887*

1. Corporation Name

Contract Brokers, Inc.

REINSTATEMENT *03-04*

2. Principal Office Address

4969 N.W. 106th Way D.O. Box 1156

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Boon Raton, FL

Zip

33076

Country

USA

Zip

33424

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

2002

5. FEI Number

75-3050656

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

Frank Fischbach

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

4969 N.W. 106th Way

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33076

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/4/04

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
<i>Pres.</i>	<i>Frank Fischbach</i>	<i>4969 N.W. 106th Way</i>	<i>Coral Springs, FL 33076</i>
<i>Sec.</i>	<i>Eileen Fischbach</i>	<i>4969 N.W. 106th Way</i>	<i>Coral Springs, FL 33076</i>

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] - Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/4/04

Daytime Phone #

561-289-5864

CR2E081 (10/02)

Contract Brokers, Inc.

MC 430728 • P.A.C.A. 20030700

P.O. Box 1156

Boca Raton, Florida 33429

January 12, 2004

Florida Department Of State
Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs:

As per conversation with your representative, the application for reinstatement had been sent but with the wrong amount of monies. \$61.25 was sent. We are sending the correct amount of \$150.00 less the amount of \$61.25, and adding \$150.00 for 2004 along with \$8.75 for the letter of good standing. Total amount \$247.50. We never received the proper documents for 2003.

Our Document # P 02000039887

Thanks for your consideration in this matter.


Frank Fischbach-President