

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 NOV -3 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000055342**

1. Corporation Name

COMMUNITY REINVESTMENT ADVISORS, INC.

Principal Place of Business

Mailing Address

**8000 N FEDERAL HWY STE 310
BOCA RATON FL ~~33486~~**

**8000 N FEDERAL HWY STE 310
BOCA RATON FL ~~33486~~**



REINSTATEMENT 03

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/17/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

Zip **33487** Country

Zip **33487** Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	COLLINS, PETER H	8000 N FEDERAL HWY STE 310	BOCA RATON FL 33486 33487

300024376943
11/03/03--01045--002 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION
~~201 BRICKELL AVE STE 300~~
~~MIAMI FL 33131~~**

Name **PETER H. COLLINS**
Street Address (P.O. Box Number is Not Acceptable)
8000 N. FEDERAL HWY.
Suite, Apt. #, Etc.
310
City **BOCA RATON** State **FL** Zip Code **33487**

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

Date

10/28/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER H. COLLINS

Date

10/9/03

Daytime Phone #

561-213-9779

CR2E040 (7/03)

October 9, 2003

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

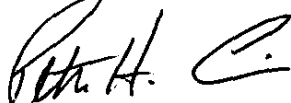
RE: Reinstatement for Community Reinvestment Advisors, Inc.

To Whom It May Concern:

I am seeking a waiver of the Reinstatement Fee for Community Reinvestment Advisors, Inc. Due to the incorrect zip code the State had on file, I never received the annual report for the Company. I only received the Application for Reinstatement after the post office had attempted to deliver it twice to the wrong address.

I have corrected the zip code on the Application for Reinstatement and have enclosed my check for \$150.00. Please let me know if there is any further action needed on behalf of Community Reinvestment Advisors, Inc.

Thank you,

A handwritten signature in black ink, appearing to read "Peter H. Collins", with a stylized flourish at the end.

Peter H. Collins
Director