

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
08 AUG 14 AM 11:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 06-08  
300134467619  
14/08-01038-011 \*\*450.00  
CR2008 (1207)

DOCUMENT # 805000103728

1. Corporation Name

C&R - Pompano Beach, Inc.

2. Principal Office Address - No P.O. Box #

1750 N. Federal Hwy.

Suite, Apt. #, etc.

3. Mailing Office Address

1750 N. Federal Hwy.

Suite, Apt. #, etc.

City & State

Pompano Bch, FL

Zip

33062

Country

USA

City & State

Pompano Bch, FL

Zip

33062

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

7/25/05

5. FEI Number

20-3203819

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

William B. Campbell, III

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

1215 E. Hillsboro Blvd.

Suite, Apt. #, Etc.

City

Deerfield Beach

State

FL

Zip Code

33441

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date

8/11/08

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
DPST	William B. Campbell III	1215 E. Hillsboro Blvd.	Deerfield Beach, FL 33441

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 contained in Chapter 119, 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

William B. Campbell, III

8/11/08

Date

954.427.8700

Daytime Phone #

8/18/08