

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

P.1

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS



98 AR

FILED

98 DEC 21 PM 6:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000085619

1. Corporation Name

CAMBRIDGE RESEARCH, INC.

Principal Place of Business

APT. 305, 2929 S. OCEAN BLVD.
BOCA RATON FL 33432

Mailing Address

APT. 305, 2929 S. OCEAN BLVD.
BOCA RATON FL 33432



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

10/03/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	ALLEN, JEROME	SAN REMO, 18421 VIA VERONA APT 305 2929 So. Ocean Blvd. Boca Raton, Fla 33432	BOCA RATON, FL 33432 100002722251-1 12/24/98-01083-003 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALLEN, JEROME
SAN REMO
18421 VIA VERONA
BOCA RATON, FL 33432

Name

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

Suite, Apt. #, etc.

City

State

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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

Date

Daytime Phone #

561-416-0114

053432 AF

10.2

Jerome Allen

New York
London
Toronto

Mr. Andy Dunlop: Dec 21, 1988

Please excuse my erratic penmanship; my word processor is arthritic) I've been in and

out of hospitals; I'm home now and just found these

forms!! As per our

discussions; I am enclosing

\$150 to Regent being

Regent one more -

Your professionalism is to be commended -

Respectfully
J. Allen