

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

02 MAR 19 PM 4:00

DOCUMENT # P97000095261

1. Corporation Name

C & R MORTGAGE, INC.

Principal Place of Business

Mailing Address

409 W HALLANDALE BLVD
 SUITE #204
 HALLANDALE FL 33009

409 W HALLANDALE BLVD
 SUITE #204
 HALLANDALE FL 33009



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/06/1997	
City & State		City & State		5. FEI Number	
Zip		Country		65-0798357	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$875 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)

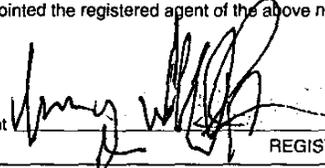
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTSD	CLARKE, CLIFF G	330 N.W. 188TH STREET	MIAMI FL 33169
			000005192750--7 -04704702--01064--006 ****308.75 ****308.08 Barb

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WASERSTEIN, RICHARD ESQ. 913 NORMANDY DRIVE MIAMI BEACH FL 33141		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
			FL

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: 3-7-2002

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

Date: 3-7-2002 Daytime Phone #: 954-455-6110

CR2E040 (8/01)

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To Dept of FINANCE

Date: 3-13-2002

Re: R

Page: 1 including this cover sheet & c.l.

Re: CARROLLTON, INC.

Telephone
954-485-6910.

Email - LEAS@CARROLLTON.COM
E HENRY@CARROLLTON.COM

THIS LETTER IS CONTAINING PAYMENT FOR

YOUR ANNUAL REPORT, AS PER OUR

PLAINT INQUIRIES, A LETTER WAS NOT
DELIVERED FOR CARROLLTON COMPANY, AND

ALSO HENRY + MARK INVESTMENTS, INC

ALSO LOCATED AT THIS ADDRESS FOR

PLAINT, SO WE REQUESTED A

NEW FORMS WHICH I AM

FORWARDING TO YOU, FOR FILING

OF OUR ANNUAL REPORTS AND THE

SEE YOU TOLD US TO GET \$300.00.

Thank you,
Cliff G. Carlin