

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

11/06/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0798357

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

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
PTSD	CLARKE, CLIFF G	330 N.W. 188TH STREET	MIAMI FL 33169

000005192750--7

-04/04/02--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
FL

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

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

Daytime Phone #

3-7-2002 954-455-6110

CARROLLTON, INC.
400 W. HAWTHORNE BLVD. SUITE 200
HAWTHORNE, FL 33069
TEL: 954-455-6910
FAX: 954-455-6910

2

To: Dept of FRATB

Date: 3-13-2002

Re: FR

Page: 1, including this cover sheet & 1

Re: CTR MONTMARTRE, INC.

Telephone
954-455-6910.

Email: LEADS4CGR
@HOTMAIL.
com.

THIS letter is confirm. Payment for

your ANNUAL REPORT, AS per our

Phone Inquiries, A letter was not
needed for FRATB Confirmation, and

Also Henry + Mark Investments, Inc
also located at this address for
fratb, 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 \$300.75.

Thank you,
Cliff G. Chubb