APPROVED AND FILED

1092

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 NOV 21 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000095261

1. Corporation Name
C+R MORTGAGE, INC.

REINSTATEMENT 03-06 DC

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
409 W HALLANDALE BEACH BLVD	6141 NW 34TH WAY
Suite, Apt. #, etc.: 204	Suite, Apt. #, etc.:
City & State: HALLANDALE, FLORIDA	City & State: FORT LAUDERDALE, FLORIDA
Zip: 33009 Country: U.S.A	Zip: 33309 Country: U.S.A

4. Date Incorporated or Qualified To Do Business in Florida: 11/6/1997

5. FEI Number: 650798357 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CLIFF CLARKE

Street Address (P.O. Box Number is Not Acceptable): 6141 NW 34TH WAY

Suite, Apt. #, Etc.:

City: FORT LAUDERDALE State: FL Zip Code: 33309

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: Cliff Clarke Date: 11/20/2006
REGISTERED AGENT MUST SIGN

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
PTSO	CLIFF G. CLARKE	6141 NW 34TH WAY	FORT LAUDERDALE FLORIDA 33309

500081982725
11/21/06--01026--003 **600.00

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: Cliff Clarke CLIFF CLARKE 11/20/2006 954-588-8373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

C & R MORTGAGE, INC.

409 W Hallandale Blvd. • Suite 204 • Hallandale, FL 33009 • Office (954) 588-8373 • Fax (954) 970-0729

EMAIL - CLIFF@HOMEFIRSTGROUP.COM

2007

NOV 20, 2006.

THIS LETTER IS MY CONFIRMATION TO YOU, THAT I CLIFF. G. CLARKE, PRESIDENT OF C&R MORTGAGE, INC. DID NOT RECEIVE THE ANNUAL REPORT NOTICES FROM 2003, 2004, 2005, 2006. MY LAWYER WAS OUR REGISTERED AGENT AND ALL NOTICES WERE MAILED TO HIM. HE DIED IN NOVEMBER OF 2006. OUR MAILING ADDRESS IS 6141 NW 34 WAY, FORT LAUDERDALE, FL 33309. MY LAWYERS OFFICE HAS NO IDEA AND INFORMATION TO GIVE ME. THEY ALSO MOVED OUT OF THE STATE OF FLORIDA, AND I HAVE NO WAY OF CONTACTING THEM. I AM FORWARDING MY REINSTATEMENT REQUESTS ASKING FOR THE REINSTATEMENT FEE TO BE WAIVED. I AM ALSO SENDING MY ANNUAL REPORT FEE AND CORPORATE SUPPLEMENTAL FEE FOR 2003-2006 TOTALING $600.00. I WANT TO HAVE MY COMPANY IN A ACTIVE STATUS ON SUNBIZ.ORG AND I WILL KEEP BETTER TRACK OF MY REPORTING FOR CORPORATION IN THE FUTURE.

THANK YOU,

CLIFF G. CLARKE