

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS



FILED

04 JAN -9 PH 2:22

DOCUMENT # **P02000001876**

1. Corporation Name

C C & K IMAGINE & CONSULTING SERVICES, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 03

Principal Place of Business	Mailing Address
2075 S.W. 27TH AVE. 2ND FLOOR MIAMI FL 33145	P.O. BOX 451205 MIAMI FL 33245-1205



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

1/16/03 90091 033 150.00

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A	
City & State N/A		City & State N/A	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	01/07/2002
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5. FEI Number	Applied For
03-0373110	Not Applicable

6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status
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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
P	VILLOCH, CHARLES A	11050 OLD CUTLER ROAD	CORAL GABLES FL 33156

700026604407
 01/09/04--01044--004 **600.00

8. Name and Address of Current Registered Agent

VILLOCH, CHARLES A
 2075 S.W. 27TH AVENUE
 2ND FLOOR
 MIAMI FL 33145

9. Name and Address of New Registered Agent

Name N/A
 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. or 617.0505, F.S.

Signature of Registered Agent *[Signature]* Date 11/7/03

REGISTERED AGENT MUST SIGN

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]* Date 11/7/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/03)