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
03 OCT 15 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000095750**

1. Corporation Name

C & B GROUP INVESTMENTS INC.

Principal Place of Business	Mailing Address
2030 CROWLEY CIR. WEST LONGWOOD FL 32779	~~2030 CROWLEY CIR. WEST~~ ~~LONGWOOD FL 32779~~

REINSTATEMENT 03

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	# 1052 Montgomery Rd 124
City & State		City & State	Altamonte Springs FL
Zip	Country	Zip 32779	Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/03/2002

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	4 City / State / Zip
PD	COFFARO, ROBERT A	2030 CROWLEY CIR. WEST	LONGWOOD FL 32779
VD	BONILLA, WILLIAM D	2030 CROWLEY CIR. WEST	LONGWOOD FL 32779
SD	BONILLA, CHRISTINE C	2030 CROWLEY CIR. WEST	LONGWOOD FL 32779
TD	COFFARD, PATRICIA A	2030 CROWLEY CIR. WEST	LONGWOOD FL 32779

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8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
COFFARO, ROBERT A 2030 CROWLEY CIR. WEST LONGWOOD FL 32779	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State FL / Zip Code

CR2E040 (7/03)

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: Robert A Coffaro SIGNATURE REQUIRED Date: 10-8-03

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: William D Bonilla SIGNATURE REQUIRED 10-8-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #