

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 17 AM 8:22

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P02000101841**

1. Corporation Name

**3C SOLUTIONS INC.**

Principal Place of Business

Mailing Address

13211 NW 7TH PLACE  
 PLANTATION FL 33325  
 US

13211 NW 7TH PLACE  
 PLANTATION FL 33325  
 US

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

2. New Principal Office Address, If Applicable

**1714 BREAKERS WAY**

Suite, Apt. #, etc.

**WESTON, FL**

City & State

**33326 USA**

Zip

Country

3. New Mailing Office Address, If Applicable

**1714 BREAKERS WAY**

Suite, Apt. #, etc.

**WESTON, FL**

City & State

**33326 - USA**

Zip

Country

**REINSTATEMENT** 03

4. Date Incorporated or Qualified To Do Business in Florida

**09/20/2002**

5. FEI Number

**42-1552698**

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
<b>PRESIDENT</b>	<b>CARLOS C. CRUZ</b>	<b>1714 BREAKERS WAY</b>	<b>WESTON / FL / 33326</b>

300023920223  
 10/17/03 01092 020 \*\*150.00

8. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.**  
**526 E. PARK AVENUE**  
**TALLAHASSEE FL 32301**

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of Registered Agent *Carlos Cruz*  
 REGISTERED AGENT MUST SIGN

Date **10/19/03**

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: *Carlos C. Cruz*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/19/03** Daytime Phone # **954-328-1301**

CR2E040 (7/03)

To whom it may concern;

Please reinstate my corporation (3C Solutions Inc.) and waive the reinstatement fee, as I did not receive the two uniform business report (UBR) notices. I have enclosed a check for \$150.00 in order to file this report.

Thank you  
Carlos C. Cruz  
President of 3C Solutions Inc.

*Carlos C Cruz 10/15/23*