

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

01 OCT 25 PM 3: 01

DOCUMENT # **P95000060600**

1. Corporation Name

**4-C INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

1108 CEDAR FALLS DRIVE  
FT. LAUDERDALE FL 33327

1108 CEDAR FALLS DRIVE  
FT. LAUDERDALE FL 33327



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

**REINSTATEMENT** 01

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/07/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0600200

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	CARROSSO, MIQUEL A.	1108 CEDAR FALLS DRIVE	FT. LAUDERDALE FL
SVD	CARROSSO, MIQUEL A.	1108 CEDAR FALLS DRIVE	FT. LAUDERDALE FL
			800004698428--4 -11/29/01--01051--011 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MORALES, CARLOS E  
1830 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134

Name

Vincent Carrodegua

Street Address (P.O. Box Number is Not Acceptable)

2121 Ponce de Leon Boulevard

Suite, Apt. #, Etc.

SUITE # 1100

City

Coral Gables

State

FL

Zip Code

33134

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

*[Handwritten Signature]*  
REGISTERED AGENT MUST SIGN

Date

10/19/01 AD

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 #

CR2E040 (8/01)