

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 NOV 28 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FL 32301

DOCUMENT # **P06000113980**

1. Corporation Name

Corporate Construction & Design Inc.

400242180064

11/28/12--01007--001 **500.00

REINSTATEMENT 10-12

CR2E081 (11/1/12)

2. Principal Office Address - No P.O. Box #

266 Owenshire Cir.

Suite, Apt. #, etc.

City & State

Kissimmee FL

Zip

34744

Country

USA

3. Mailing Office Address

2307 Boggy Creek Rd

Suite, Apt. #, etc.

#3

City & State

Kissimmee FL

Zip

34744

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/1/2012

5. FEI Number

51-0598825

☐ Applied For
☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

400242180064

11/28/12--01007--002 **500.00

400242180064

11/28/12--01007--003 **102.50

7. Name and Address of Current Registered Agent

Name
Chad Hitchcock

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

266 Owenshire Cir.

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34744

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/1/2012

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
P	Chad Hitchcock	266 Owenshire Cir	Kissimmee FL 34744

10. E-mail Address:

Chadhitchcock@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/01/2012

Date

Daytime Phone #

407-452-7420