PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE

DOCUMENT #

596281

1. Corporation Name

C - MAJOR CORPORATION

C - 1VI	AJOR CORFORATION							
Principal Place of Business 3917 INDIAN RIVER DR VERO BCH FL 32963		Mailing Address 3917 INDIAN RIVER DR VERO BCH FL 32963						
If above	addresses are incorrect in any way, line t	hrough incorrect	information and ent	er correction below.				
2. New Principal Office Address, If Applicable		3. Now Malling Office Address, if Applicable			Date Incorporated or Qualified To Do Business in Florida 12/05/1978			
Suite, Apt. #, etc.		Sulte, Apt. #, etc.			5. FEI Number	12/03/1870		
City & State		City & State				59-1868037	Applied For Not Applicable	
Zip	Zip Country Zip		Country		6. CERTIFICATE OF STATUS DESIRED 6 S8.75 Additional Fee required for a Certificate of Status			
7. Names	and Street Addresses of Each Officer ar	d/or Director (FI	orida nonprofit corp	orations must list at le	ast 3 directors)		<u> </u>	
Title(s)	Name of Officers and/or Directors 2		3 (Do NOT	Street Address of Eac Officer and/or Directo Use Post Office Box	h Numbers)	City / State / Zip		
\$D	CLINTON, JEAN		3606 MOCKIN	GBIRD DR	VERO BEACH, FL 00)0	
PD	CLINTON, JOHN	3606 MOCKINGBIRD DR			VERO BEACH, FL 00000			
TD	CLINTON, ETTA	3917 INDIAN RIVER DR			VERO BEACH, FL 00000			
0	CLINTON, ROY		3917 INDIAN RIVER DR		,	VERO BEACH, FL 00000		
				REINST	TATEM			
Y							1-10-97	
8. Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent			
979 B	ART,WILLIAM J. EACHLAND BLVD BEACH,FL ABW 32960	Street Address (P.O. Box Number is Not Acceptable) 3606 Hockingsize DRIVE Suite, Apt. #, Etc.						
10. I, bein	g appointed the registered agent of the a	bove named corp	oration, am familiar	City VERO with and accept the o	BEHCH obligations of Section	Stat FL on 607.0505, F.S.	Zip Code - 32963	
Signature of Registered	Agent O ACC	TEGISTERED AG	SENT MUST SIGN			Date ///6/	97	
	nis corporation owes or h angible Personal Prope			ear Yes 🔀	No 🗌	-11/12/97	11084016 de geggereter 00 inglige fax / Str. 00	
	that I am an officer or director or the rec statement application, the reason for dis							

12. 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 filling 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 eath.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/97 0370