

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2012 MAY -8 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000234827220
05/08/12--01026--002 **431.25

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida 09/11/1963

5. FEI Number
591052201

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 706139			
1. Corporation Name C. C., Inc.			
REINSTATEMENT 2010-12			
2. Principal Office Address - No P.O. Box # 2011 Gulf Shore Blvd. N.		3. Mailing Office Address 2011 Gulf Shore Blvd. N.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Naples, FL		City & State Naples, FL	
Zip 34102	Country USA	Zip 34102	Country USA
7. Name and Address of Current Registered Agent			
Name W. Richard Hazen			
Street Address (P.O. Box Number is Not Acceptable) 2011 Gulf Shore Blvd. N.			
Suite, Apt. #, Etc. Apt. #52			
City Naples, FL		State FL	Zip Code 34102
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 <u>W. Richard Hazen</u> Date <u>May 4, 2012</u> REGISTERED AGENT MUST SIGN			
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	Kasser, Victor	2011 Gulf Shore Blvd. N. Apt. 14	Naples, FL 34103
VP	Delaere, Greg	2011 Gulf Shore Blvd. N. Apt. 25	Naples, FL 34103
VP	Nickerson, Bessie	2011 Gulf Shore Blvd. N. Apt. 14	Naples, FL 34103
T	Hazen, Richard W.	2011 Gulf Shore Blvd. N. Apt. 52	Naples, FL 34103
S	Winstead, Carol	2011 Gulf Shore Blvd. N. Apt. 34	Naples, FL 34103
10. E-mail Address: <u>lcarriageclub@comcast.com</u> (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 817.155, F.S.			
SIGNATURE: <u>W. Richard Hazen</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>W. RICHARD HAZEN</u> Date <u>5/4/2012</u> Daytime Phone <u>239-437-3634</u>	