

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F95000006218**

1. Corporation Name

**CCX OF NORTH CAROLINA, INC.**

Principal Place of Business

1901 ROXBOROUGH ROAD, SUITE 205  
CHARLOTTE NC 28211

Mailing Address

1901 ROXBOROUGH ROAD, SUITE 205  
CHARLOTTE NC 28211

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/21/1995

5. FEI Number

13-5656334

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	RINALDI, RICHARD A	1901 ROXBOROUGH ROAD, SUITE 205	CHARLOTTE NC 28211
D	WOOD, W. EDWARD	1901 ROXBOROUGH ROAD, SUITE 205	CHARLOTTE NC 28211
D	MCGILICUDDY, DENNIS J	1901 ROXBOROUGH ROAD, SUITE 205	CHARLOTTE NC 28211
<del>D</del>	<del>MAGRATH, GEOFFREY T</del>	<del>1901 ROXBOROUGH ROAD, SUITE 205</del>	<del>CHARLOTTE NC 28211</del>
VST	FEENEY, FRANCIS X	1901 ROXBOROUGH ROAD, SUITE 205	CHARLOTTE NC 28211

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

300004669143--9

11/06/01 State Dis Loc 006

\*\*\*750.00 \*\*\*750.00

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

**BRIAN COURTNEY, ASST. V. P.**  
REGISTERED AGENT MUST SIGN

Date **10-19-01**

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/01

704-365-0560

CR2E040 (8/01)