

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

**FILED**

01 NOV 21 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F97690**

**1. Corporation Name**

C+C Scheduling, Inc.

**2. Principal Office Address** *C/o Philip H. Friedland, C.P.A., PA.*

235 SE 5<sup>th</sup> AVENUE

**3. Mailing Office Address**

*C/o Philip H. Friedland*  
235 SE 5<sup>th</sup> AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DeLray Beach, FL

City & State

DeLray Beach, FL

Zip

33483

Country

USA

Zip

33483

Country

WA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

09/01/1982

**5. FEI Number**

59-2217254

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Philip H. Friedland, C.P.A., PA

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

235 SE 5<sup>th</sup> AVENUE

Suite, Apt. #, Etc.

City

DeLray Beach

State

FL

Zip Code

33483

**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

*Philip H. Friedland*

Date

11/16/01

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
PT	CALVIN G. GOERING	50 CAPTAINS Cove Rd	INGLIS FL 34449
VS	CONSTANCE L. GOERING	50 CAPTAINS Cove Rd	INGLIS FL 34449

**10. 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:**

*Constance L. Goering*  
CONSTANCE L. GOERING VS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/2001

Date

(352) 447-1152

Daytime Phone #

CR2E081 (9/00)