

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:06

DOCUMENT # L00000015946

1. Limited Liability Company's Name

C.C., L.L.C.

500080313905
09/29/06--01069--016 **200.00
CR2E041 (8/05)

2. Principal Office Address

917 Central Parkway

Suite, Apt. #, etc.

City & State

Stuart, FL

Zip

34994

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

12/21/2000

6. FEI Number

651061035

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Howard E. Googe, Jr., Esq.

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

401 East Osceola Street

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34994

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Joel L. Prince	917 Central Parkway	Stuart, FL 34994
MGRM	John Eastabrooks	2727 Shinn Road	Fort Pierce, FL 34945

REINSTATEMENT 05-06

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Date

Daytime Phone # 772-781-3399

Typed or printed name of signing Managing Member/Manager Joel L. Prince, Managing Member