

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY -2 PM 5:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000013327

Name and Mailing Address

0010956 01 FP 0.352 **PRSRT H2 0 0615 32963-392470



C.C. INVESTMENTS, L.L.C.
570 SUNDANCE TRAIL
VERO BEACH FL 32963-3924



2. New Mailing Address

City, State, Zip

Principal Place of Business

570 SUNDANCE TRAIL
VERO BEACH FL 32963

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

08/08/2001

6. FEI Number

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

CAMPIONE, CHRISTOPHER C ESQ.
C/O BOWEN & CAMPIONE, P.A.
80 ROYAL PALM POINTE, SUITE 302
VERO BEACH FL 32960

9. Name and Address of New Registered Agent

Name

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

City

000017874720

05/02/03--01046--013 **2003-00

FL

Zip Code

10. 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

Christopher C. Campione

REGISTERED AGENT MUST SIGN

Date

4/28/03

11. Names and Street Addresses of Each Managing Member/Manager

| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|----------|--------------------------------------|---|---------------------|
| MGR | COOKE, CRAIG | 570 SUNDANCE TRAIL | VERO BEACH FL 32963 |
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2003
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12. 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

Craig Donald Cooke

Date

4/14/03

Daytime Phone

(888) 34 680 301 704

Typed or printed name of signing Managing Member/Manager

CRAIG DONALD COOKE

CR2E084 (8/02)