

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT
UBR - 2003
 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		4. State/Country of Formation FL	
Principal Place of Business 570 SUNDANCE TRAIL VERO BEACH FL 32963		3. Date Organized or Qualified To Do Business in Florida 08/08/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number Applied For Not Applicable	
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		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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) 000017874720 05/02/03--01046--013 **2003-00 City FL Zip Code	
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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 Campione* Date 4/28/03
 REGISTERED AGENT MUST SIGN

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
		<i>ML</i>	
	<i>2003</i>		
	<i>UBR</i>		

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)