

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 APR 30 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000004879

1. Limited Liability Company's Name

CCC Miami, LLC

2. Principal Office Address - No P.O. Box #

1 SE 3rd Avenue

Suite, Apt. #, etc.
PH3120

City & State
Miami, FL

Zip
33131

Country
USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

3/01/2002

6. FEI Number

01-0613906

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

Clayton Clavette

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

1 SE 3rd Avenue

Suite, Apt. #, Etc.

PH3120

City

MIAMI

State
FL

Zip Code
33131

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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 3/23/07

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
mgr	Clayton Clavette	1 SE 3rd Ave. PH3120	Miami, FL, 33131
mgr	Richard L. Crandall	1 SE 3rd Ave. PH3120	Miami, FL, 33131
mgr	Brett L. Crandall	1 SE 3rd Ave. PH3120	Miami, FL, 33131

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05/08/07--01006--002 **350.00

REINSTATEMENT

03-07

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 3/23/07

Daytime Phone #

Typed or printed name of signing Managing Member/Manager Clayton Clavette