

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10-1-04
250.00

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP -6 AM 10:45

DOCUMENT #

1. Limited Liability Company's Name

L03000022883

C & Company, LLC

2. Principal Office Address

580 Cascade Falls Dr

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Weston, FL

Zip

33327

Country

USA

City & State

Zip

Country

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

6-24-03

6. FEI Number

81-0621088

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

Faisal Albayaty

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

580 Cascade Falls Drive

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33327

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

Faisal Albayaty

REGISTERED AGENT MUST SIGN

Date 9-18-06

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	Cecelia Sorrentino	580 Cascade Falls Dr	Weston FL 33327
MGR	Faisal Albayaty	580 Cascade Falls Dr	Weston FL 33327
			000079823900
			09/14/06--01036--017 **155.00
			REINSTATEMENT 04-06

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

Cecelia Sorrentino

Date 9-18-06

Daytime Phone #

954687-5300

Typed or printed name of signing Managing Member/Manager

Cecelia Sorrentino

C & COMPANY, LLC

August 18, 2006

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314


Re: Limited Liability Company Reinstatement

To Whom It May Concern:

Enclosed please find the Reinstatement Application for my business C & Company, LLC, and a check in the amount of \$155. The amount represents 3 (three) years of inactivity (\$50 per year x 3) as well an additional \$5 for a Certificate of Status. Please note that I never received your original or any further requests for payment. After reviewing the documents on your website I realized the address you have on file was incorrect. Will you kindly consider waiving any penalties.

If you need to contact me directly, please utilize 954-687-5300. Thank you for your consideration.

Respectfully,



Cecelia Sorrentino
Managing Member
C & Company, LLC

Enclosures: Application for Reinstatement
Check for \$155 Payable to Dept. of State