

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JAN 25 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200189069802
12/28/10--01021--006 **238.75

CR2E041 (05/10)

DOCUMENT #

1. Limited Liability Company's Name

C & C OF FLORIDA LLC
LO 70000 26457

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

1956 JEAGA DR

Suite, Apt. #, etc.

3. Mailing Office Address

1956 JEAGA DR.

Suite, Apt. #, etc.

City & State

Jupiter, Fla.

City & State

Jupiter, FLA.

Zip

33458

Country

USA

Zip

33458

Country

USA

4. State/Country of Formation

USA

5. Date Organized or Qualified To Do Business in Florida

3/9/07

6. FEI Number

02-0802657

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

Peter K Cornwell

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

1956 JEAGA DR.

Suite, Apt. #, Etc.

City

Jupiter

State

FL

Zip Code

33458

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

Peter K Cornwell

Date

12/14/10

REGISTERED AGENT MUST SIGN

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	Pete Cornwell	1956 JEAGA DR.	Jupiter, FLA 33458
MGRM	Meritt Cornwell	12020 Sandy Run Rd.	Jupiter FLA 33458

11. E-mail Address:

KIMBO 1962 at Comcast @ NET

(To be used for future annual report notifications)

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

Peter Cornwell

Date

12/14/10

Daytime Phone #

561-722-1259

Typed or printed name of signing Managing Member/Manager

PETER CORNWELL