

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

10 DEC 29 AM 9:54

DOCUMENT # L08000101753

1. Limited Liability Company's Name

C & C INTERNATIONAL SERVICES LLC

900189096079
12/29/10--01029--006 **243.75

CR2E041 (05/10)

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

12599 N.W. 10TH AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

12599 N.W. 10TH AVE.

Suite, Apt. #, etc.

City & State

MEDLEY, FL 33178

Zip
33178

Country
USA

City & State

MEDLEY, FL

Zip
33178

Country
USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

10/30/2008

6. FEI Number

264445025

☐ 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

MARIANO HAIRE

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

18641 S.W. 30TH ST.

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33029

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

Mariano Haire

REGISTERED AGENT MUST SIGN

Date 12-28-10

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	MARIANO HAIRE	18641 S.W. 30TH ST.	MIRAMAR, FL. 33029
MGRM	SAJUKA NJIE	12862 S.W. 50TH ST.	MIRAMAR, FL. 33027
MGRM	MICHAEL POLETE	5733 GRAND ST.	HOLLYWOOD, FL. 33021
MGRM	SURAJ M. ADEBISI	5881 N.W. 192ND ST.	MIALEAH, FL. 33015
	REINSTATEMENT	10	

11. E-mail Address:

(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

SAJUKA NJIE

Date

12/28/2010

Daytime Phone #

954.394.1599

Typed or printed name of signing Managing Member/Manager

SAJUKA NJIE

N. Culligan DEC 20 2010