

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

REINSTATEMENT 2001

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 18 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L99-4651

1. Limited Liability Company's Name

3C, LLC

2. Principal Office Address

240 Hammond Blvd

3. Mailing Office Address

240 Hammond Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32254

Country

US

Zip

32254

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

1999

6. FEI Number

59-3591104

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

Carl H. Owens, Sr.

500004650075-2

-10/23/01-01053-007

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

240 Hammond Blvd

****150.00 ****150.00

Suite, Apt. #, Etc.

City

Jacksonville,

State
FL

Zip Code

32254

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

Carl H. Owens, Sr.
REGISTERED AGENT MUST SIGN

Date Oct. 16, 2001

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
	Carl H. Owens, Sr	240 Hammond Blvd	Jacksonville, FL 32254

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

Carl H. Owens, Sr.

Date Oct 16, 2001

Daytime Phone # (904) 448-1355

Typed or printed name of signing Managing Member/Manager Carl H. Owens, Sr.

CR2ED41 (9/01)