

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # M58379**

1. Corporation Name  
**C.C. MILLWORK, INC.**

Principal Place of Business <b>8260 SW 149TH DR. MIAMI FL 33158 US</b>	Mailing Address <b>8260 SW 149TH DR. MIAMI FL 33158 US</b>
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>09/01/1987</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>NOT APPLICABLE</b>	
City & State		City & State		Applied For Not Applicable	
Zip <b>33158</b>	Country	Zip <b>33158</b>	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

FILED  
97 AUG -6 AM 11:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT** *96-97*

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PST	CHRISTMAN, FLOREN	8260 SW 149TH DR.	MIAMI FL <i>33158</i>
D	CHRISTMAN, FLORNE	8260 SW 149TH DR.	MIAMI FL <i>33158</i>

300002263443--7  
-08/11/97--01124--002  
\*\*\*\*245.00 \*\*\*\*245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**ROTHLEIN, JAY  
930 WASHINGTON AVE  
2ND FLOOR  
MIAMI BCH FL 33139**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State <b>FL</b> Zip Code

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Jay Rothlein* Date *7/24/97*  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. 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: *X Floren Christman* *Floren Christman* 7/24/97 305-257-2756  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/96)