

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N98000006453

1. Corporation Name

C3 FOUNDATION, INC.

Principal Place of Business

Mailing Address

205 LANSING ISLAND DRIVE
INDIAN HARBOUR BEACH FL 32937

205 LANSING ISLAND DRIVE
INDIAN HARBOUR BEACH FL 32937

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

99

4. Date Incorporated or Qualified
To Do Business in Florida

11/13/1998

57

5. FEI Number

EIN 59-3542758

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CLEMENTE, CHARLES C	205 LANSING ISLAND DRIVE	INDIAN HARBOUR BEACH FL 32937
D	CAPIK, DEBORAH J	205 LANSING ISLAND DRIVE	INDIAN HARBOUR BEACH FL 32937
D	COTE-CLEMENTE, RUTH A	205 LANSING ISLAND DRIVE	INDIAN HARBOUR BEACH FL 32937
D	SIMONETTA ALMINANA, CHRISTINE E	205 LANSING ISLAND DRIVE	INDIAN HARBOUR BEACH FL 32937
D	SIMONETTA, ERIK A	205 LANSING ISLAND DRIVE	INDIAN HARBOUR BEACH FL 32937
D	WELFORD, PAULA J CLEMENTE	205 LANSING ISLAND DRIVE	INDIAN HARBOUR BEACH FL 32937

8. Name and Address of Current Registered Agent

CLEMENTE, CHARLES C
205 LANSING ISLAND DRIVE
INDIAN HARBOUR BEACH FL 32937

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

8880003096738-6

-01/12/00--01098--017

***236.25 ***236.25

FL

Zip Code

10. 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

Ruth A. Cote-Clemente
REGISTERED AGENT MUST SIGN

Date 12/29/99

11. 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)(i), F.S. The information furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Ruth A. Cote-Clemente
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/99
Date

321-773-8957
Daytime Phone #

RUTH A. COTE-CLEMENTE