

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 18 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000007195

1. Corporation Name

C+C Land Clearing, Inc.

2. Principal Office Address

4479 Avalon Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

4479 Avalon Rd.

Suite, Apt. #, etc.

City & State

Winter Garden, FL

Zip
34787

Country

USA

City & State

Winter Garden, FL

Zip

34787

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/14/00

5. FEI Number

59-3619163

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Christopher T. Keene

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

4479 Avalon Rd.

Suite, Apt. #, Etc.

City

Winter Garden

State
FL

Zip Code

34787

600041939046

10/18/04--01069--005 **900.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Christopher T. Keene

REGISTERED AGENT MUST SIGN

Date

10/11/04

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Christopher T. Keene	4479 Avalon Rd.	Winter Garden, FL 34787

10. 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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher T. Keene

Date

10/11/04

Daytime Phone #

407-467-4439

CR2E081 (01/04)