

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

09 FEB 17 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P00000011305*

1. Corporation Name

CCL & Co. Inc

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

751 Goldwater Court

Suite, Apt. #, etc.

City & State

Maitland

Zip

32751

Country

Orange

3. Mailing Office Address

P.O. Box 940819

Suite, Apt. #, etc.

City & State

Maitland, FL

Zip

32794

Country

Orange

400143856904
02/18/09--01001--019 **900.00

CR2E081 (12/08)

**4. Date Incorporated or Qualified
To Do Business in Florida**

JAN 27, 2000

5. FEI Number
59-3504820

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert E Lauria

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

751 Goldwater Court

Suite, Apt. #, Etc.

City

Maitland

State

FL

Zip Code

32751

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Robert E Lauria
REGISTERED AGENT MUST SIGN

Date *2/12/2009*

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.	Carolyn C Lauria	751 Goldwater Ct.	Maitland, FL 32751
Sec Tr	Robert E Lauria	751 Goldwater Ct.	Maitland, FL 32751
V.P.	Joseph Lauria	751 Goldwater Ct.	Maitland, FL 32751
V.P.	Cristina Lauria	751 Goldwater Ct.	Maitland, FL 32751
REINSTATEMENT <i>RH</i>			

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 contained in Chapter 119, 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:

Robert E Lauria
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/12/2009 (407)445-2541

Daytime Phone #