

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000014019

1. Entity Name
C.E.D. BUSINESS DEVELOPERS, CORP.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 27 PM 3: 05

Principal Place of Business
9808 N W 15 ST
PEMBROKE PINES, FL 33024

Mailing Address
9808 N W 15 ST
PEMBROKE PINES, FL 33024

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

11102005 REIN-P CR2E098 (6/04)

4. FEI Number
65-0979992

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, HUGO E
9808 N W 15 ST
PEMBROKE PINES, FL 33024

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GUTIERREZ, CLAUDIA I	
STREET ADDRESS	9808 N W 15 ST	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ALVAREZ, HUGO E	
STREET ADDRESS	9808 N W 15 ST	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200062381642	
STREET ADDRESS	12/27/05--01003--018 **750.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hugo E. Alvarez

12-05-05 (305) 213-8027

Date

Daytime Phone #

12/27/05

112

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 27 PM 2:36

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P0300013507

1. Corporation Name

C & C of Tampa Bay, Inc.

2. Principal Office Address

123 Hyde Park Avenue

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33606

Country

U.S.A.

3. Mailing Office Address

123 Hyde Park Avenue

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33606

Country

U.S.A.

REINSTATEMENT

04-05

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

11/24/2003

5. FEI Number

~~25~~ 20-0406360

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

Charles Frederick

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

120 34 Stone Crossing Circle

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33615

500062381615
12/27/05-01003-017-***301.00

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

Date

REGISTERED AGENT MUST SIGN

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
P	Charles Frederick	120 34 Stone Crossing Circle	Tampa, Florida 33615
VP	Carmen Mook	8315 Patsy Street	Tampa, Florida 33615

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

Date

Daytime Phone #

12-21-05 813-253-0955

12/27/05

C & C of Tampa Bay, Inc.

123 Hyde Park Avenue
Tampa, Florida 33606

December 7, 2005

Florida Department of State
Division of Corporations
Reinstatement Section
Post Office Box 6327
Tallahassee, Florida 32314

RE: C & C of Tampa Bay, Inc. (Profit)

Dear Sir/Madam:

I am writing to inform you that we did not receive the Notices sent regarding the Annual Reports for 2004 and 2005.

Thus we would request that you waive the reinstatement fee of \$600.00, and allow us to pay only the \$150.00 charge, plus the annual fees for 2004 and 2005 for a total of \$300.00.

Thank you for your consideration.


Carmen Mobk, Director