

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -7 PM 1:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000016255**

1. Corporation Name

**C.C. HURST ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

SPIRITS OF 44  
1700 SR 44  
NEW SMYRNA BEACH FL 32168

1118 MARCEL ST.  
NEW SMYRNA BEACH FL 32168



**REINSTATEMENT** 03

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

02/10/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3627574

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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	HURST, CARLOS C	<del>526 WILWOOD DRIVE</del> 1118 MARCEL ST	NEW SMYRNA BEACH FL 32168

300024499703  
11/07/03--01009--021 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HURST, CARLOS C  
~~526 WILWOOD DRIVE~~ 1118 MARCEL ST.  
NEW SMYRNA BEACH FL 32168-1888

Name

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

Suite, Apt. #, Etc.

City

State  
**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. or 617.0505, F.S.

Signature of  
Registered Agent

*Carlos C. Hurst*

REGISTERED AGENT MUST SIGN

Date 10-30-03

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

SIGNATURE:

*Carlos C. Hurst*

CARLOS C. HURST

10-30-03

386-427-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (7/03)