

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

FOR

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 DEC 10 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000064929

1. Corporation Name

CONSUMER CONNECTIONS CORP.

Principal Place of Business

Mailing Address

1653 BEAR CROSSING CIRCLE  
APOPKA FL 32703

1653 BEAR CROSSING CIRCLE  
APOPKA FL 32703



400009442784

12/10/02--01096--002 \*\*150.00

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

3060 E. Semoran Blvd, 3060 E. Semoran Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

Suite 100

City & State  
Apopka, FL

City & State  
Apopka, FL

Zip  
32703

Country  
Seminole

Zip  
32703

Country  
Seminole

4. Date Incorporated or Qualified  
To Do Business in Florida

07/03/2000

5. FEI Number

59-3660185

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	SUTPHIN, MADELYN S	1653 BEAR CROSSING CIRCLE	APOPKA FL 32703
AV	Bell, David A.	2460 Fabry Circle	Orlando, FL 32817

8. Name and Address of Current Registered Agent

DAVEY, CATHERINE E.  
159 LOOKOUT PLACE  
SUITE 101  
MAITLAND FL 32751

9. Name and Address of New Registered Agent

Name Kenneth S. Gluckman  
Street Address (P.O. Box Number is Not Acceptable)  
1416 HOLLY GLEN RUN  
Suite, Apt. #, Etc.  
City Apopka State FL Zip Code 32703

CR2E040 (8/02)

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-26-02

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-26-02 407-862-1174

Date

Daytime Phone #



Consumer Connections Corporation  
3060 East Semoran Blvd. - Suite 100  
Apopka, Florida 32703  
Phone: 407-862-1174 Fax: 407-862-7041  
MyConsumerConnection.Com

November 26, 2002

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

To Whom It May Concern,

Please accept our application for reinstatement of our corporation and the enclosed check for the filing fee. We respectfully request that the reinstatement fee be waived due to the fact that our mailing address had changed and our registered agent did not advise us of a filing due for the corporation. We have changed registered agents and are now aware of the procedures for filing in a timely manner. Thank you in advance for your consideration on this matter.

Sincerely,

A handwritten signature in black ink that reads "Michelle Sheffield". The signature is written in a cursive, flowing style.

Michelle Sheffield  
Accountant