

1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC -9 AM 8:00

DOCUMENT # **P00000087773**

**1. Corporation Name**

**C & C MULTISERVICES, CORP.**

**2. Principal Office Address**

**2849 NW 7ST.**

Suite, Apt. #, etc.

City & State

**Miami, FL.**

Zip

**33125**

Country

**USA**

**3. Mailing Office Address**

**2849 NW 7ST.**

Suite, Apt. #, etc.

City & State

**Miami, FL.**

Zip

**33125**

Country

**USA**

**REINSTATEMENT**

**03**

**MPD**

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

**5. FEI Number**

**IN 65-1035914**

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

**Milagros Campos**

**900025332569**

**12/09/03--01006--006 \*\*15 1.00**

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

**2849 NW 7ST.**

Suite, Apt. #, Etc.

City

**Miami**

State

**FL**

Zip Code

**33125**

**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

**x Milagros Campos**

REGISTERED AGENT MUST SIGN

Date **12-04-03**

**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
<b>PR.</b>	<b>Milagros Campos</b>	<b>2849 NW 7ST.</b>	<b>Miami, FL. 33125</b>
<b>U. PL.</b>	<b>SARAH COSSIO</b>	<b>821 NW 33RD.</b>	<b>Miami FL. 33125</b>

**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:

**Milagros Campos**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**12-04-03**

Daytime Phone #

**305-631-1050**

CR2E081 (10/02)

282

October 27, 2003

To: Florida Department of State Division of  
Corporation 65-1085914

This letter is to inform above mentioned that C & C  
Multiservice have not received any letter except for  
the one canceling the corporation. The corporation  
has not been paid on time because we did not receive  
invoice to do so. Please accept our payment which is  
enclosed, a money order for \$150.00. If you have  
any questions please feel free to contact me at  
(305)631-1050. Thank you.

Sincerely,

Milagros Campos