

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000006813

1. Corporation Name

C2R CORPORATION

2. Principal Office Address

6955 N.W. 52nd STREET

Suite, Apt. #, etc.

SUITE 201T

City & State

MIAMI, FL

Zip

33166

Country

USA

3. Mailing Office Address

6955 N.W. 52nd STREET

Suite, Apt. #, etc.

SUITE 201T

City & State

MIAMI, FL

Zip

33166

Country

USA

FILED
04 JUN 30 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03 - 24

300038463803

06/30/04--01042--005 **300.00

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

5. FEI Number
65-1071582

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

ROGELIO RIOS

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

6955 N.W. 52nd STREET

Suite, Apt. #, Etc.

SUITE 201T

City

MIAMI

State

FL

Zip Code

33166

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

REGISTERED AGENT MUST SIGN

Date

6/25/04

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
PST	ROGELIO RIOS	6955 NW 52nd STREET SUITE 201T	MIAMI, FL 33166

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 #

CR2E081 (01/04)

pg 2 of 2

C2R CORPORATION
6955 NW 52ND STREET #201T
MIAMI, FL 33166

June 24, 2004

Florida Department of State
Division of Corporations
Tallahassee, FL 32399

Ref: C2R Corporation
Doc.# P01000006813

To Whom It May Concern:

We are writing this letter because our Uniform Business Report was never received during 2003. We have enclosed a copy of the 2004 report with a check in the amount of \$300.00 due for the 2003 and 2004 fee. We ask that you please waive the penalty because the report nor a notice was ever received regarding our Corporation. We apologize for any inconvenience this may cause you. Your prompt attention will be greatly appreciated.

Thank you,



Rogelio Rios
President