PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

02-02 UBR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JAN -2 AM 8:01

DOCUMENT # P01000034586

1. Corporation Name
C3C Management & Marketing
940 Lincoln Rd.
M. Beach, FL. 33139

2. Principal Office Address	3. Mailing Office Address
940 Lincoln Rd.	Same
Suite, Apt. #, etc.: 218	Suite, Apt. #, etc.: Same
City & State: Miami Beach	City & State: FL.
Zip: 33139 Country: USA	Zip: 33139 Country: Same

200009223912
11/26/02--01053--012 **150.00

4. Date Incorporated or Qualified To Do Business in Florida: 10-4-02

5. FEI Number: [X] 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: WANDA Fisher
Street Address (P.O. Box Number is Not Acceptable): 940 Lincoln Rd.
Suite, Apt. #, Etc.:
City: M. Beach FL
State: FL Zip Code: 33139

600003521610
12/24/02 01006--008 **150.00

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: [signature] Date: 11-4-02
REGISTERED AGENT MUST SIGN

CR2E061 (9/01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Sec./Treasurer	Lisa Parker	4001 Anas St N.E	D.C. 20019

600003521610
12/24/02 01006--008 **150.00
200009223912
12/24/02--01006--008 **150.00

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: WANDA Fisher 11-12-02 305-673-5006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

1/2/03 cw