

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 MAR 26 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-07



02012007 REIN-P CR2E098 (1/07)

DOCUMENT # P01000074858 1. Entity Name C & C ACQUISITIONS GROUP, INC.					
Principal Place of Business 4461 LEGENDARY DRIVE DESTIN, FL 32541			Mailing Address 4461 LEGENDARY DRIVE DESTIN, FL 32541		
2. Principal Place of Business - No P.O. Box # 4204 Brittany Court <small>Suite, Apt. #, etc.</small>		3. Mailing Address P.O. BOX 5563 <small>Suite, Apt. #, etc.</small>			
City & State PENSACOLA, FL		City & State DESTIN, FLORIDA		4. FEI Number 59-3735028	
Zip 32504		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHN W. HAWKINS 607 Hwy 98 EAST DESTIN, FL 32541		7. Name and Address of New Registered Agent Name JOSEPH M. SCHEYD, JR., PA Street Address (P.O. Box Number is Not Acceptable) 979 Hwy 98 EAST UNIT B-1 City DESTIN FL Zip Code 32541			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE FEB. 2, 2007 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete COLE, CHARLES C 4461 LEGENODARY DRIVE DESTIN, FL 32541		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500095009456 04/05/07--01049--004 **\$300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE FEB. 2, 2007 850-637-1171 <small>Daytime Phone #</small>		