

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

04 FEB 24 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-04

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000091953

1. Corporation Name

3 C'S OF VERO BEACH, INC.

2. Principal Office Address

2121 14TH AVENUE

3. Mailing Office Address

2121 14TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO BEACH, FLORIDA

City & State

VERO BEACH, FLORIDA

Zip

32960

Country

USA

Zip

32960

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

9/17/01

5. - FEI Number

65-1144063

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

RALPH CUCCURESE

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

2056 16TH AVENUE SW

Suite, Apt. #, Etc.

City

VERO BEACH

State
FL

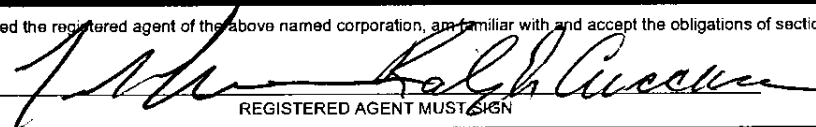
Zip Code
32962

400028399554

02/09/04--01012--014 **15.00

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



Date 1-31-04

REGISTERED AGENT MUST SIGN

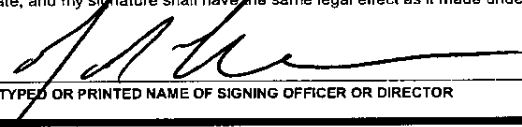
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	NANDO CUCCURESE	2258 SW GOLDEN BEAR WAY	PALM CITY, FL 34990

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

1-31-04

Daytime Phone #

CR2E01 (10/02)

February 18, 2004

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: 3C's of Vero Beach, Inc.
ID # 65-1144063

To whom it may concern:

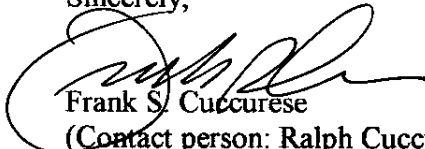
I am writing on behalf of 3C's of Vero Beach, Inc. Please note we had never received your letter dated February 5, 2003, as stated by a "Document Specialist", explaining the dissolution of the above corporation.

As I understand, the letter stated the form was incomplete, specifically due to the missing Federal ID number.

We were not in receipt of such letter back in February of 2003, because of address change. We respectfully request the reinstatement fee be waived.

Please update your records as per the new address shown on the attached form. If you have any questions, please do not hesitate to contact Ralph Cuccurese.

Sincerely,



Frank S. Cuccurese
(Contact person: Ralph Cuccurese)
(2121 14th Ave., Vero Beach, Fl. 32960)
(Tel. 772-569-0060)