

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 APR 18 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000098552 1. Entity Name CC MANAGEMENT & TRADING, INC.					
Principal Place of Business 4427 SE 16TH PLACE #2 CAPE CORAL, FL 33904			Mailing Address 4427 SE 16TH PLACE #2 CAPE CORAL, FL 33904		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 65-1146916			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WRIGHT, CHRISTINE F ESQ. 4427 SE 16TH PLACE CAPE CORAL, FL 33904			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> SIGNATURE <i>Christine F Wright</i> <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 35%; text-align: right;"> 4/12/05 <small>DATE</small> </div> </div>					
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	D <input type="checkbox"/> Delete DURSCHNABEL, TORSTEN STREET ADDRESS 2118 SW 38 TERR CITY-ST-ZIP CAPE CORAL, FL 33914	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete DURSCHNABEL, KARIN STREET ADDRESS 2118 SW 38 TERR CITY-ST-ZIP CAPE CORAL, FL 33914	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: KARIN DURSCHNABEL <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			03-31-05 +491723990888 <small>Date Daytime Phone #</small>		

REINSTATEMENT 04-05
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