

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -5 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000099594**

1. Corporation Name

CCE NETWORKS, INC

YAB

200023978402
12/16/03--01044--004 **608.75

10/21/03 01090 020 \$150.00

REINSTATEMENT 2003

2. Principal Office Address

12912 DUPONT CIR

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33626

Country

HILLSBOROUGH

3. Mailing Office Address

12912 DUPONT CIR

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33626

Country

HILLSBOROUGH

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3755418

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

SCOTT L. BIRON

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

12912 DUPONT CIRCLE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33626

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

SABZ

Date

12/4/03

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
P	SCOTT BIRON	17106 HIDDEN TRCT	Newport Ricth FL 34654
VP	PAUL LANKFORD	12835 TAR FLWEL DR	Tampa FL 33626

200023978402

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:

SABZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/4/03

Date

813-854-3033

Daytime Phone #

CR2E081 (10/02)