

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 FEB -2 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000100208

**1. Corporation Name**

CCL SALES, INC.

**REINSTATEMENT** 03-04

**2. Principal Office Address**

8512 CORAL CREEK loop

Suite, Apt. #, etc.

City & State

HUDSON, FL.

Zip

34667

Country

USA

**3. Mailing Office Address**

8512 CORAL CREEK loop

Suite, Apt. #, etc.

City & State

HUDSON, FL.

Zip

34667

Country

USA

600028064816  
02/02/04--01104--021 \*\*900.00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10/15/2001

**5. FEI Number**

593751828

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

CASSANO, JOHN F.

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

8512 CORAL CREEK loop

Suite, Apt. #, Etc.

City

HUDSON

State

FL

Zip Code

34667

**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]

REGISTERED AGENT MUST SIGN

Date 1-27-04

**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
PST	CASSANO, JOHN F.	8512 CORAL CREEK loop	HUDSON, FL. 34667
S	CASSANO, CRISTAN	8512 CORAL CREEK loop	HUDSON, FL. 34667
VP	CASSANO, FRANCIE	8512 CORAL CREEK loop	HUDSON, FL. 34667

**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:

JOHN F. CASSANO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-04

Date

727-862-9125

Daytime Phone #

CR2E081 (10/02)