


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P02000001876

1. Corporation Name

C C & K IMAGINE & CONSULTING SERVICES, INC.

Principal Place of Business

Mailing Address

2075 S.W. 27TH AVE.
2ND FLOOR
MIAMI FL 33145

P.O. BOX 451205
MIAMI FL 33245-1205

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
04 JAN -9 PH 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 03



1/16/03 90071 033 150.00

4. Date Incorporated or Qualified
To Do Business in Florida

01/07/2002

5. FEI Number

Applied For

03-0373110

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	VILLOCH, CHARLES A	11050 OLD CUTLER ROAD	CORAL GABLES FL 33156

700026604407
01/09/04--01044--004 **600.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VILLOCH, CHARLES A
2075 S.W. 27TH AVENUE
2ND FLOOR
MIAMI FL 33145

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Date

11/7/03

REGISTERED AGENT MUST SIGN

11. 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

Daytime Phone #

11/7/03