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 # P02000028658

1. Corporation Name

C C & C TRUCKING & PAVING, INC.

Principal Place of Business

Mailing Address

FILE

03 OCT 21 AH 10: 33

SECRETARY OF STATE PALLAHASSEE FLORIDA

Daytime Phone #

rinciparri	iace of Dualite	333	Mailing Addi	ing Address			1			
· · · · · · · · · · · · · · · · · · ·				4792 NORTHWEST 3RD STREET FORT LAUDERDALE FL 33317						
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						4. Date Incorporated or Qualified				
Cuite Act H at			Suite, Apt. #	# oto		To Do Business in Florida 03/15/2002				
Suite, Apt. #, etc. Suite, Ap				#, etc.		5. FEI Numbe	r		Applied For	7
City & State Ci			City & State	City & State		02-0593645 Not Applicable				le
Zip Country		Zip Count		try	S8.75 Addition			5 Additional Fee requir a Certificate of Statu	red s	
7. Names	and Street Ad	dresses of Each Officer and	1/or Director (Flo	orida nonprofit corpor	rations must list at lea	ast 3 directors)				
Title(s)					reet Address of Each		City / State / Zip			
PTS	PTS LYN, CECIL G			4792 NORTHWEST 3RD STREET			FORT LAUDERDALE FL 33317			
										
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8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent				
Name										90,5
LYN, CECIL G 4792 NORTHWEST 3RD STREET				\sim	Street Address (P.O. Box Number is Not Acceptable)					- 3
FORT LAUDERDALE FL 33317					Suite, Apt. #, Etc.			· -		
		·		/	City		`.	State	Zip Code	\dashv
10. 1, being	appointed th	e registered agent of the ab	ove named corp	oration, am familiar v	vith and accept the ol	bligations of Sect	ion 607.0505, F.S. or	617.0505	, F.S.	\neg
	•									
Signature o	nf A	PIKI					10/	1/2	\rg	- (
Registered Agent REGISTERED AGENT MUST SIGN						Date 10/17/03				
		- /						 -		-
		officer or director or the rece plication, the reason for diss								

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRECTOR

C C & C TRUCKING & PAVING, INC. 4792 NORTHWEST 3RD STREET FORT LAUDERDALE, FL. 33317

UNIFORM BUSINESS REPORT DIVISION OF CORPORATIONS P.O. BOX 1500 TALLAHASSEE, FL. 32302-1500

Sept. 30, 2003

RE: C C & C TRUCKING & PAVING, INC. 4792 NORTHWEST 3RD STREET FORT LAUDERDALE, FL. 33317

TAX ID#

TO WHOM IT MAY CONCERN:

PLEASE BE ADVISE THAT I NEVER RECEIVED THE UNIFORM BUSINESS REPORT.

I HAVE ENCLOSED THE UNIFORM BUSINESS REPORT ALONG WITH THE CORRESPONDING FEE OF \$ 150.00

THANK YOU.

SINCERELY,

CECIL GAYN PRESIDENT

CGL/mtv