

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 26 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000028892

1. Corporation Name

C & C ENTERPRISES OF VOLUSIA COUNTY, INC.

2. Principal Office Address

1290 9TH STREET

Suite, Apt. #, etc.

304

City & State

DAYTONA BEACH

Zip

32117

Country

USA

3. Mailing Office Address

1290 9TH STREET

Suite, Apt. #, etc.

304

City & State

DAYTONA BEACH

Zip

32117

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 3/08/2002

5. FEI Number

45-0471627

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

BRIAN J CARTER

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

1290 9TH STREET

Suite, Apt. #, Etc.

304

City

DAYTONA BEACH

State

FL

Zip Code

32117

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]

Date 4/6/2004

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
D	BRIAN J CARTER	1290 9TH STREET, STE 304	DAYTONA BEACH, FL. 32117

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)(f), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/2004

Date

Daytime Phone #

CR2E081 (01/04)