

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

03 OCT 21 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000071079**

1. Corporation Name

C & C Investments Group, Corp.

2. Principal Office Address

1865 N. Corporate Lakes Blvd

3. Mailing Office Address

1865 N. Corporate Lakes Blvd

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

Suite-1

City & State

Weston, Florida

City & State

Weston, Florida

Zip

33326

Country

USA

Zip

33326

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/27/02

5. FEI Number

050531604

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

Stephen L. Vinson, Jr., P.A.

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

1200 Brickell Avenue

Suite, Apt. #, Etc.

#1680

City

Miami

State
FL

Zip Code
33131

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

REGISTERED AGENT MUST SIGN

Date 10/15/03

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
V. Pres.	Charalane Canfield	1865 N. Corporate Lakes Blvd., Ste. 1	Weston, Florida 33326
President	Carlos Piar, Sr.	1865 N. Corporate Lakes Blvd., Ste. 1	Weston, Florida 33326

300023961553
10/21/03--01022--019 **750.00

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:

Charalane Canfield, V. Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/03
Date

954-384-7300
Daytime Phone #

CR2E081 (10/02)