

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 DEC -8 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (8/05)

J. Roberts

DEC. 08 2008

DOCUMENT # PO20000085477

1. Corporation Name

C+C Plumbing Contractor Inc

2. Principal Office Address

1471 Capital Circle NW

3. Mailing Office Address

Same

Suite, Apt. #, etc.

5

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Zip

32303

Country

USA

Zip

32303

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

061642875

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

Robert S. Carns

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

3468 N. Carnation Ct.

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32303

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 12-8-05

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
<u>P</u>	<u>Robert S. Carns</u>	<u>3468 N. Carnation Ct.</u>	<u>Tall FL 32303</u>

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12/13/05--01068--003 **308.75

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-8-05

Date

519-3552

Daytime Phone #

C&C Plumbing Contractors, Inc.

1471 Capital Circle N.W., Ste. 5

Tallahassee, FL 32303

Phone (850) 519-3363/Fax (850) 562-3052

Florida Department of State
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

December 8, 2005

Re: C&C Plumbing Contractors, Inc.
Document No.: P02000085477
Reinstatement Fee Waiver Request

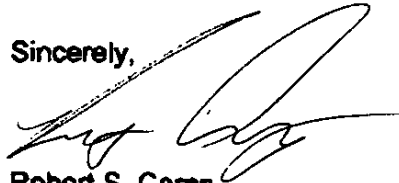
To Whom It May Concern:

Please be advised that I did not receive the annual report notices for the year 2004. As such, I was not aware that my corporation was due for reinstatement until now.

Accordingly, I hereby kindly request a waiver of any additional fees required for reinstatement of my corporation.

Thank you for your anticipated courtesy.

Sincerely,

A handwritten signature in black ink, appearing to read 'Robert S. Cams', written over a horizontal line.

Robert S. Cams
President, C&C Plumbing Contractors, Inc.