

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 17 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000101841**

1. Corporation Name

3C SOLUTIONS INC.

Principal Place of Business

13211 NW 7TH PLACE
PLANTATION FL 33325
US

Mailing Address

13211 NW 7TH PLACE
PLANTATION FL 33325
US

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

2. New Principal Office Address, If Applicable

1714 BREAKERS WAY

Suite, Apt. #, etc.

WESTON, FL

City & State

33326 USA

Zip

Country

3. New Mailing Office Address, If Applicable

1714 BREAKERS WAY

Suite, Apt. #, etc.

WESTON, FL

City & State

33326 - USA

Zip

Country

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

09/20/2002

5. FEI Number

42-1552698

Applied For

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PRESIDENT	CARLOS C. CRUZ	1714 BREAKERS WAY	WESTON / FL / 33326

300023920223
10/17/03 01092 020 **150.00

8. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Carlos C. Cruz

Date

10/13/03

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:

Carlos C. Cruz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03

Date

954-328-1301

Daytime Phone #

CR2E040 (7/03)

To whom it may concern;

Please reinstate my corporation (3C Solutions Inc.) and waive the reinstatement fee, as I did not receive the two uniform business report (UBR) notices. I have enclosed a check for \$150.00 in order to file this report.

Thank you

Carlos C. Cruz

President of 3C Solutions Inc.

Carlos C Cruz 10/15/03