

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 13 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000122809

1. Corporation Name

C & C ORNAMENTAL GATES, INC.

2. Principal Office Address

2762 NW 4th STREET

Suite, Apt. #, etc.

3. Mailing Office Address

2762 NW 4th STREET

Suite, Apt. #, etc.

City & State

OKEECHOBEE, FL

Zip

34972

Country

USA

City & State

OKEECHOBEE, FL

Zip

34972

Country

USA

700037287337
05/25/04--01010--019 **900.00

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/2002

5. FEI Number

59-4072175

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

CHAMBERS, ROSS A.

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

6131 NW GINGER LANE

Suite, Apt. #, Etc.

City

PORT ST. LUCIE

State

FL

Zip Code

34986

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

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
P/S/D	CHAMBERS, ROSS A.	6131 NW GINGER LANE	PORT ST. LUCIE, FL 34986
V/T/D	CHAMBERS, TRAVIS J.	1300 SW 10th AVENUE	OKEECHOBEE, FL 34974

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROSS A. CHAMBERS

Date

12 MAY 04

863-763-6255

Daytime Phone #