


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000110813</b>		
1. Entity Name <b>C &amp; C CONNECTIONS INC</b>		

FILED  
05 JAN -7 AM 9:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>100 NW 5TH STREET MIAMI, FL 33136</b>	Mailing Address <b>100 NW 5TH STREET MIAMI, FL 33136</b>
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2. Principal Place of Business <b>36 NE 10th Street</b>	3. Mailing Address <b>36 NE 10th St</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01052005 REIN-P CR2E098 (6/04)

City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>	4. FEI Number <b>90-0113161</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33132</b>	Country <b>USA</b>	Zip <b>33132</b>	Country <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>BENJAMIN, CHARLENE R 2995 NW 169 TER MIAMI GARDENS, FL 33056</b>	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Charlene Benjamin*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/3/05  
DATE

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENJAMIN, CHARLES L SR.</b>	NAME	
STREET ADDRESS	<b>2995 NW 169 TER</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI GARDENS, FL 33056</b>	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENJAMIN, CHARLENE R</b>	NAME	
STREET ADDRESS	<b>2995 NW 169 TER</b>	STREET ADDRESS	<b>500044329495</b>
CITY-ST-ZIP	<b>MIAMI GARDENS, FL 33056</b>	CITY-ST-ZIP	<b>01/07/05--01046--020 **300.00</b>
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENJAMIN-WOODS, VERONIQUE L</b>	NAME	
STREET ADDRESS	<b>6940 NW 186 ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI LAKES, FL 33015</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charlene Benjamin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/05 305 374 6160  
Date Daytime Phone #