

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 MAY -6 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000150553

1. Corporation Name

C4 Rents, Inc

2. Principal Office Address - No P.O. Box #

173 N. Cleary Rd

Suite, Apt. #, etc.

D-1

City & State

West Palm Beach, FL

Zip

33413

Country

U.S.

3. Mailing Office Address

173 N. Cleary Rd

Suite, Apt. #, etc.

D-1

City & State

West Palm Beach, FL

Zip

33413

Country

U.S.

700128568067
REINSTATEMENT
CR2E081 (12/07) 05-08

4. Date Incorporated or Qualified
To Do Business in Florida

12-12-03

5. FEI Number

20-0481911

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

Craig Martin

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

1966 Emilio Ln

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33406

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Craig Martin

REGISTERED AGENT MUST SIGN

Date

4-30-08

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	Craig Martin	1966 Emilio Ln	West Palm Beach, FL 33406
VP	Cinde Martin	"	"
S	"	"	"

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 contained in Chapter 119, 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:

Craig Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-30-08

Daytime Phone #

(561) 478-
2525