

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 APR 17 PM 2:41

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000011547
1. Corporation Name
CCS REALTY INVESTMENTS, INC.

REINSTATEMENT

05-07

CR20081 (1/07)

2. Principal Office Address - No P.O. Box #
5190 LAS VERDES CR
Suite, Apt. #, etc.
124

3. Mailing Office Address
5190 LAS VERDES CR
Suite, Apt. #, etc.
124

City & State
DELRAY BCH.

Zip Country
33484 PALM

4. Date Incorporated or Qualified To Do Business in Florida 1-15-2004

5. FEI Number Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name CRISTINA SMITH

Street Address (P.O. Box Number is Not Acceptable)
5190 LAS VERDES CR.

City State Zip
DeLray Bch FL 33484

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 sections 607.0505 or 617.0603, F.S.

Signature of Registered Agent Cristina Smith Date 4/17/07
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	CRISTINA SMITH	5190 LAS VERDES CR #124	DeLray Bch, FLA 33484
Off.	CRISTINA SMITH	5190 LAS VERDES CR #124	DeLray Bch, FLA 33484
SEC	CRISTINA SMITH	5190 LAS VERDES CR #124	DeLray Bch, FLA 33484
TRES	CRISTINA SMITH	5190 LAS VERDES CR #124	DeLray Bch, FLA 33484

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 sections 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: Cristina Smith (Pres) 4/17/07 954629-5469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digits

2 of 2

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000101388 3))



H07000101388ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

CORPORATION REINSTATEMENT

CCS REALTY & INVESTMENTS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,050.00

Electronic Filing Menu

Corporate Filing Menu

Help

Please let me know if
reinstatement fee is waived

JK6