

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED
Oct 04, 2006 8:00 A.M.
Secretary of State

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PD4000111654			
1. Corporation Name C.C. ISLAND INVESTMENTS, INC.			
2. Principal Office Address 2311 EIGHTH AVE. Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 228 Suite, Apt. #, etc.	
City & State ST. JAMES CITY, FL Zip 33956		City & State ST. JAMES CITY, FL Zip 33956	
Country U.S.A.	Country U.S.A.	4. Date Incorporated or Qualified To Do Business in Florida 7/27/04	
5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent Name PHILLIP G. HENDERSON Street Address (P.O. Box Number is Not Acceptable) 2311 EIGHTH AVENUE Suite, Apt. #, Etc. City ST. JAMES CITY State FL Zip Code 33956			
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 <u>Phillip G. Henderson</u> REGISTERED AGENT MUST SIGN Date 10/2/06			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title P.T.	Name of Officers and/or Directors RANDY CROSBY	Street Address of Each Officer and/or Director 2442 YORK	City / State / Zip 33956 ST. JAMES CITY, FL
Title V.P.S.	Name of Officers and/or Directors PHILLIP G. HENDERSON	Street Address of Each Officer and/or Director 2311 EIGHTH AVE.	City / State / Zip ST. JAMES CITY, FL 33956
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: <u>Phillip G. Henderson</u>	10/2/06 305-218-8962		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	