


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLET

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

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>PD 4000 111 654</u>			
1. Corporation Name <u>C. C. ISLAND INVESTMENTS, INC.</u>			
2. Principal Office Address <u>2311 EIGHTH AVE.</u> <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address <u>P.O. Box 228</u> <small>Suite, Apt. #, etc.</small>	
City & State <u>ST. JAMES CITY, FL</u>		City & State <u>ST. JAMES CITY, FL</u>	
Zip <u>33956</u>	Country <u>U.S.A.</u>	Zip <u>33956</u>	Country <u>U.S.A.</u>

REINSTATEMENT 05-06

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida	<u>7/27/04</u>
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 <u>PHILLIP G. HENDERSON</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>2311 EIGHTH AVENUE</u>		
Suite, Apt. #, Etc. 		
City <u>ST. JAMES CITY</u>	State <u>FL</u>	Zip Code <u>33956</u>

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>[Signature]</u>	Date <u>10/2/06</u>
REGISTERED AGENT MUST SIGN	

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
<u>P.T</u>	<u>RANDY CROSBY</u>	<u>2442 YORK</u>	<u>ST. JAMES CITY, FL 33956</u>
<u>VP, S</u>	<u>PHILLIP G. HENDERSON</u>	<u>2311 EIGHTH AVE.</u>	<u>ST. JAMES CITY, FL 33956</u>

600080448066
10/04/06--01006--010 **900.00

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: [Signature] 10/2/06 305-218-8962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #