

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000114084

1. Entity Name  
CC REPAIR INCORPORATED



FILED

07 AUG 23 AM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
18905 NE 21 STREET  
GAINESVILLE, FL 32609

Mailing Address  
18905 NE 21 STREET  
GAINESVILLE, FL 32609

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



08212007 REIN-P CR2E098 070607

4. FEI Number  
20-1462769

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRUZ, LALONI  
18905 NE 21 STREET  
GAINESVILLE, FL 32609

Name

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

City

FL

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

*Laloni M. Cruz*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/20/2007

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  
NAME CRUZ, A. SANTOS  
STREET ADDRESS 18905 NE 21ST STREET  
CITY-ST-ZIP GAINESVILLE, FL 32609

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V  
NAME CRUZ, SARENA  
STREET ADDRESS 18905 NE 21ST STREET  
CITY-ST-ZIP GAINESVILLE, FL 32609

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V  
NAME CRUZ, ALBERT  
STREET ADDRESS 18905 NE 21ST STREET  
CITY-ST-ZIP GAINESVILLE, FL 32609

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V  
NAME CRUZ, BRIAN  
STREET ADDRESS 18905 NE 21ST STREET  
CITY-ST-ZIP GAINESVILLE, FL 32609

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/2007

DATE

352.562.2831

DAYTIME PHONE #