


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000114084 1. Entity Name CC REPAIR INCORPORATED	
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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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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REINSTATEMENT

08212007 REIN-P CR2E098 /07 06-07

4. FEI Number 20-1462769	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

WAP

6. Name and Address of Current Registered Agent CRUZ, LALONI 18905 NE 21 STREET GAINESVILLE, FL 32609	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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* 8/20/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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.
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10. OFFICERS AND DIRECTORS													
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">P CRUZ, A. SANTOS 18905 NE 21ST STREET GAINESVILLE, FL 32609</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>V CRUZ, SARENA 18905 NE 21ST STREET GAINESVILLE, FL 32809</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>V CRUZ, ALBERT 18905 NE 21ST STREET GAINESVILLE, FL 32609</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>V CRUZ, BRIAN 18905 NE 21ST STREET GAINESVILLE, FL 32609</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>	P CRUZ, A. SANTOS 18905 NE 21ST STREET GAINESVILLE, FL 32609	<input type="checkbox"/> Delete	V CRUZ, SARENA 18905 NE 21ST STREET GAINESVILLE, FL 32809	<input type="checkbox"/> Delete	V CRUZ, ALBERT 18905 NE 21ST STREET GAINESVILLE, FL 32609	<input type="checkbox"/> Delete	V CRUZ, BRIAN 18905 NE 21ST STREET GAINESVILLE, FL 32609	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11											
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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]* 8/20/2007 352.562.2830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #