PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
07 DEC 21 PM 5:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

400113429264
12/27/07--01016--012 **300.00

REINSTATEMENT 06-07

DOCUMENT # P05000156411

1. Corporation Name
C & C Sons Corp.

2. Principal Office Address	3. Mailing Office Address
2254 NW 98 ST	11
Suite, Apt. #, etc.	Suite, Apt. #, etc. 11
City & State Miami, FL	City & State 11
Zip 33147 Country U.S.A.	Zip 1. Country 4.

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 11 29 05

5. FEI Number 20-3862154 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED $8.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Carlos M. Cruz

Street Address (P.O. Box Number is Not Acceptable): 2254 NW 98 ST

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33147

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 _____ Date 12/5
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
P	Carlos M Cruz Jr	2254 NW 98 ST	Miami FL 33147
VP	Carlos M Cruz Jr	2254 NW 98 ST	Miami FL 33147

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: _____ 12/5
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

C&C SONS, CORP.
2254 NW 98 STREET MIAMI FLORIDA 33147
PHONE (786) 312-0361

December 12, 2007

Florida Department of State
Division of Corporations

Re: C&C Sons, Corp.
Document # P05000156411

To Whom It May Concern,

As instructed by your offices please accept this letter as a request to reactivate my Corporation. I did not receive notification for renewal 2006 and 2007. Attached please find a corporation reinstatement form and a check in the amount of $300.00.

I apologize for any inconvenience that this may have caused you and thank you in advance for your time.

Cordially,

CC.

Carlos M. Cruz, President
C&C Sons, Corp.