

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2019 JAN -4 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000160571

1. Corporation Name

CCI CONSTRUCTION OF BREVARD INC.

2. Principal Office Address - No P.O. Box #

5 SHOREVIEW CIR.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

INDIALANTIC, FL

City & State

FL 32903

Zip

Country

32903 USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/07/2005

5. FEI Number

20-3978340

☐ 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

DANIEL C. CRAWFORD

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

5 SHOREVIEW CIR.

Suite, Apt. #, Etc.

City

INDIALANTIC

State

FL

Zip Code

32903

600322788596
01/04/19--01/005--001 **750.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 1/4/2019

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
PRES	DANIEL CRAWFORD	5 SHOREVIEW CIR.	INDIALANTIC, FL 32903

JAN 04 2019

C SNEAD

10. E-mail Address: DAN@CCI BREVARD.COM

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid, I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

DANIEL CRAWFORD PRES

1/4/19

321 506 3232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #