

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000081059

**FILED**  
**Oct 27, 2008**  
**Secretary of State**

**Entity Name:** CC CAPITAL HOLDINGS, INC.

**Current Principal Place of Business:**

6205 TOWER ROAD  
LAND O LAKES, FL 34638 US

**New Principal Place of Business:**

11623 SHELDON RD  
TAMPA, FL 33626 US

**Current Mailing Address:**

6205 TOWER ROAD  
LAND O LAKES, FL 34638 US

**New Mailing Address:**

**FEI Number:** 26-0568416      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COSTELLO, THOMAS J  
6205 TOWER ROAD  
LAND O LAKES, FL 34638 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: THOMAS COSTELLO

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: COSTELLO, DEANNE A  
Address: 6205 TOWER ROAD  
City-St-Zip: LAND O LAKES, FL 34638 US

Title: VST ( ) Delete  
Name: COSTELLO, THOMAS J  
Address: 6205 TOWER ROAD  
City-St-Zip: LAND O LAKES, FL 34638 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS COSTELLO

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

VP

10/27/2008

\_\_\_\_\_  
Date