PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 1:51
TALLAHASSEE, FLORIDA

DOCUMENT # P93000036203

Corporation Name
C CAPITAL, INC.

N 20? -

000001492190
-05/17/95--01150--022
****200.00 ****200.00

Filing Address	Principal Place of Business
~~1001 S BAYSHORE DR~~ ~~SUITE 2000~~ MIAMI FL 33131	~~1001 S BAYSHORE DR~~ ~~SUITE 2000~~ MIAMI FL 33131

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable	3. New Principal Office Address, If Applicable
888 Brickell Ave.	888 Brickell Ave.
Ste., Apt. #, etc. 5TH Floor	Suite, Apt. #, etc. 5TH Floor
City & State Miami FL	City & State Miami FL.
Zip 33131 Country USA	Zip 33131 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 05/17/1993

5. FEI Number: F65-0412506 ☐ Applied For ☐ Not Applicable

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

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
)	ORTEGA, LUIS A	~~1001 S BAYSHORE DR SUITE 2000~~ 888 Brickell Ave. 5TH	MIAMI FL 33131
)	~~GONZALEZ, HUMBERTO~~	~~1001 S BAYSHORE DR SUITE 2000~~ ~~888 Brickell Ave 5TH~~	~~MIAMI FL 33131~~
)	Herrera, William A	888 Brickell Ave 5th fl	Miami Fl 33131
)	Sanchez, Manuel	888 Brickell Ave 5th fl	Miami Fl 33131
			PA 5-1-95

8. Name and Address of Current Registered Agent

MURAI WALD BIONDO & MORENO PA
25 SE 2ND AVE
900 INGRAHAM BLDG
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name: CIC Administrative Services Inc.
Street Address (P.O. Box Number is Not Acceptable): 888 Brickell Ave.
Suite, Apt. #, Etc.: 5TH Floor
City: Miami State: FL Zip Code: 33131

CR2E040 (6-94)

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] Date: 9-22-94 4/26/95

REGISTERED AGENT MUST SIGN

1. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: [signature] 9/26/94 377-0368

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017090 CP