

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **PA3000085812**

1. Corporation Name

CCA PRODUCTS OF FLORIDA, INC.

FILED

98 JUN 10 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

102 Yacht Club Way  
Moore Haven, FL 33471

Mailing Address

PO Box 25286  
Tempe, AZ 85285-5286

REINSTATEMENT

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

2. New Principal Office Address, If Applicable  
**102 YACHT CLUB WAY**

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
**PO Box 25286**

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida **12-15-93**

5. FEI Number  
**58-2136999**

Applied For  
Not Applicable

City & State  
**Moore Haven, FL**  
Zip **33471** Country **Glades**

City & State  
**Tempe, AZ**  
Zip **85285-5286** Country **Maricopa**

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

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Martin Gerst	2800 S. Rural Road	Tempe, AZ 85282
V.P.	Bradley Edson	2800 S. Rural Road	Tempe, AZ 85282

000002561330--8  
-06/16/98--01094--013  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

Capital Corporate Services, Inc.  
633 Timberlane Road  
Tallahassee, FL 3212

9. Name and Address of New Registered Agent

Name  
**Ralph C. Datilio**  
Street Address (P.O. Box Number is Not Acceptable)  
**215 Monroe Street**  
Suite, Apt. #, Etc.  
**Suite 400**  
City  
**Tallahassee** State  
**FL** Zip Code  
**32301**

10. 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

*Ralph C. Datilio*  
REGISTERED AGENT MUST SIGN

Date **6-10-98**

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

*Bradley D. Edson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRADLEY D. EDSON

**6-9-98**  
Date

**(602) 731-9011**  
Daytime Phone #