

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

97 NOV 14 AM 8:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000044771**

1. Corporation Name
C & C ERECTORS, INC.

Principal Place of Business Mailing Address
~~602 BRADFORD DRIVE~~ ~~602 BRADFORD DRIVE~~
~~FORT WALTON BEACH FL 32548~~ ~~FORT WALTON BEACH FL 32548~~



97 ad

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. 9115 East River Drive		Suite, Apt. #, etc. P.O. Box 5179		06/10/1994	
City & State Navarre, Florida		City & State Navarre, Florida		5. FEI Number	
Zip 32566		Zip 32566		59-3253097	
Country Santa Rosa		Country Santa Rosa		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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)

1 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
P	CARPENTER, LARRY E	602 BRADFORD DR 9115 East River Drive	FT WALTON BEACH FL Navarre, Florida
			100002351061--2 -11/18/97--01091--006 ***750.00 ***750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
NEWMAN, RAYMOND F JR. 150 EGLIN PARKWAY, N.E. FORT WALTON BEACH FL 32548		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
			FL

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: *[Signature]* Date: **11-11-97**
REGISTREED AGENT MUST SIGN

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: *[Signature]* 11-11-97 850-582-5676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)