

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING 1

A.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000028347

1. Corporation Name

C & C Funding, Copp.

Principal Place of Business

5590 West 20th Avenue,
Suite 400
Hialeah, FL 33016

Mailing Address

5590 West 20th Avenue,
Suite 400
Hialeah, FL 33016

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

April 10, 1995

5. FEI Number

650576989

Applied For

Not Applicable

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)

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	John A. Cosculluela	5590 West 20th Avenue, Ste. 400	Hialeah, FL 33016

8000002188078--B
-05/22/97--01061--004
****923.75 ****923.75

8. Name and Address of Current Registered Agent

John A. Cosculluela
5590 West 20th Avenue,
Suite 400
Hialeah, FL 33016

9. Name and Address of New Registered Agent

Name

John A. Cosculluela

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

5590 West 20th Avenue,

Suite, Apt. #, Etc.

Suite 400

City

Hialeah

State

FL

Zip Code

33016

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

REGISTERED AGENT MUST SIGN

Date

5/14/97

11. 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.)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/97

Date

306 8234393

Daytime Phone #

CR2E040 (12/96)