


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|  |                                   |  |                    |  |  |
|--|-----------------------------------|--|--------------------|--|--|
| <b>APPLICATION<br/>FOR<br/>REINSTATEMENT</b>   |                                   | <br><b>FLORIDA DEPARTMENT OF STATE</b><br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |                    | <b>FILED</b><br><br>00 OCT 16 PM 12:06<br><br>SECRETARY OF STATE<br>TALLAHASSEE FLORIDA  |  |
| <b>DOCUMENT #</b> P96000076642   |                                   |  |                    |  |  |
| 1. Corporation Name<br><div style="text-align: center;">CCR CORP., INC.</div>  |                                   |  |                    |  |  |
| Principal Place of Business<br>415 North State Road 7<br>Margate, Florida 33063  |                                   | Mailing Address  |                    |  |  |
| 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 Address, If Applicable  |                    | 4. Date Incorporated or Qualified To Do Business in Florida<br>9/13/96   |  |
| Suite, Apt. #, etc.  |                                   | Suite, Apt. #, etc.  |                    | 5. FEI Number<br>65-0695343  |  |
| City & State   |                                   | City & State   |                    | Applied For<br>Not Applicable  |  |
| Zip  | Country                           | Zip  | Country            | 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b> |  |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  |                                   |  |                    |  |  |
| 1  | 2                                 | 3  | 4                  |  |  |
| Title(s)   | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)  | City / State / Zip |  |  |
| D  | James B. Miller                   | 6760 SW 6th Street   | Margate, FL 33068  |  |  |
| P  | Jean A. Miller                    | 6760 SW 6th Street   | Margate, FL 33068  |  |  |
|  |                                   |  |                    | 800003434378--2  |  |
|  |                                   |  |                    | -10/23/00--01008--006  |  |
|  |                                   |  |                    | ****758.75 ****758.75  |  |
| 8. Name and Address of Current Registered Agent  |                                   |  |                    |  |  |
| James B. Miller<br>415 North State Road 7<br>Margate, FL 33063   |                                   |  |                    |  |  |
| 9. Name and Address of New Registered Agent  |                                   |  |                    |  |  |
| Name   |                                   |  |                    |  |  |
| Street Address (P.O. Box Number is Not Acceptable)   |                                   |  |                    |  |  |
| Suite, Apt. #, Etc.  |                                   |  |                    |  |  |
| City   |                                   |  |                    |  |  |
| State  |                                   |  |                    |  |  |
| Zip Code   |                                   |  |                    |  |  |
| 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 <u>James B. Miller</u> <b>REGISTERED AGENT MUST SIGN</b> Date _____  |                                   |  |                    |  |  |
| 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.) <b>KE</b>   |                                   |  |                    |  |  |
| 12. 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: <u>Jean A. Miller</u> <b>JEAN A. MILLER</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____  |                                   |  |                    |  |  |

CR2E040 (12/95)