

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 # P96000095096

1. Corporation Name

C & C FRAMING, INC.

Principal Place of Business

1820 CURRYVILLE ROAD  
CHULUOTA FL 32766

Mailing Address

1820 CURRYVILLE ROAD  
CHULUOTA FL 32766

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/18/1996

5. FEI Number

59-3412662

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	JAMES E. CATHEY SR.	1820 CURRYVILLE RD CHULUOTA FL 32766	CHULUOTA FL 32766
V	JAMES E. CATHEY JR.	510 N. NOEL CT.	CHULUOTA FL 32766

600002375446--2  
-12/17/97-01093-022  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

CATHEY, JAMES E  
1820 CURRYVILLE ROAD  
CHULUOTA FL 32766

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

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

*James E. Cathey Sr.*  
REGISTERED AGENT MUST SIGN

Date 12-12-97

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:

*James E. Cathey Sr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
97 DEC 15 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

CR2E040 (8/97)