

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 # **P97000017257**

1. Corporation Name
CCB INVESTORS, INC.

Principal Place of Business Mailing Address
**705 S. PALM WAY
LAKE WORTH, FL 33460**

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

2. New Principal Office Address, If Applicable NIA		3. New Mailing Office Address, If Applicable NIA		4. Date Incorporated or Qualified To Do Business in Florida FEBRUARY 24, 1997	
Suite, Apt. #, etc. NIA		Suite, Apt. #, etc. NIA		5. FEI Number 65-0760974	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip		Zip		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
PRES.	CHRIS BAKER	705 S. PALM WAY	LAKE WORTH, FL 33460
V/P	COLLEEN BAKER	705 S. PALM WAY	LAKE WORTH, FL 33460
			200002981592--3 09/08/99-01089-003 ****165.00 ****165.00 200002981592--3 09/08/99-01089-004 ****600.00 ****600.00

REINSTATEMENT 99

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8. Name and Address of Current Registered Agent CHRIS BAKER 705 S. PALM WAY LAKE WORTH, FL 33460		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 FL	
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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 **AUG 17, 1999**
REGISTERED 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]** Date **AUG 17, 1999**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daytime Phone **561-588-8135**

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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