

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *PS 182*CORPORATION  
REINSTATEMENT

## FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 SEP 28 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDADOCUMENT # *P97000064352*

By Corporation Name

*C.C. MARINE INC OF LAND O LAKES*

## 2. Principal Office Address

*3702 LAND O LAKES BLVD*

## 3. Mailing Office Address

*3702 LAND O LAKES BLVD*

State, Apt. #, etc.

*N/A*

Suite, Apt. #, etc.

*N/A*

City &amp; State

*LAND O LAKES, FL*

City &amp; State

*LAND O LAKES, FL*

Zip

*34639*

Country

*USA*

Zip

*34639*

Country

*USA*

600004627365-4

-10/08/01-01079-001

\*\*\*\*158.75 \*\*\*\*158.75

4. Date Incorporated or Qualified  
To Do Business in Florida*7/97*

## 5. FEI Number

*59-2972836*

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒31-26- Additional fee required  
for processing of application

## 7. Name and Address of Current Registered Agent

Name

*ALLIE LONG*

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

*3702 LAND O LAKES BLVD*

Suite, Apt. #, Etc.

*N/A*

City

*LAND O LAKES*State  
*FL*

Zip Code

*34639*

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent*Allie Long*Date *9-27-2001*

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Index	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>P</i>	<i>ALLIE LONG</i>	<i>3702 LAND O LAKES BLVD</i>	<i>LAND O LAKES / FL 34639</i>
<i>S</i>	<i>ALLIE LONG</i>	<i>3702 LAND O LAKES BLVD</i>	<i>LAND O LAKES / FL 34639</i>
			<i>MW</i>

10. 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 taxes 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)(f), 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

*Allie Long*

PS 272

**C.C. Marine Inc of Land O Lakes**

3702 Land O Lakes Blvd, Land O Lakes, FL  
34639

**VIA OVERNIGHT MAIL**

September 27, 2001

Florida Department of State  
Katherine Harris, Secretary of State  
Division of Corporations

Dear Madam:

I am writing this letter to request that my corporation, C.C. Marine Inc of Land O Lakes, be reinstated without excess penalty fees. I was just made aware that my corporation had received an INACTIVE status. For some reason, I never received the statement for the annual report fee. This may be due to the fact that the address listed for the registered agent is different from the actual mailing address. My actual mailing address is the same as the one listed above.

I feel embarrassed that my corporation has now become INACTIVE, as I strive to maintain the reputation I have earned as being a strong and successful corporation. Any assistance you can provide me would be greatly appreciated. I have enclosed a check in the amount of \$158.75. Thank you in advance for your time and consideration.

Sincerely,

Allie Cone  
President, C.C. Marine Inc of Land O Lakes

Enclosed:  
\$150 for Corporate Reinstatement, \$8.75 for Certificate of Status

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

**RE-SUBMIT**  
PLEASE OBTAIN THE ORIGINAL  
FILE DATE

C.C. Marine Inc of Land O Lakes

RECEIVED

01 SEP 28 PM 12:58

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Signature \_\_\_\_\_

Requested by: KC 9/28

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

Art of Inc. File \_\_\_\_\_  
LTD Partnership File \_\_\_\_\_  
Foreign Corp. File \_\_\_\_\_  
L.C. File \_\_\_\_\_  
Fictitious Name File \_\_\_\_\_  
Trade/Service Mark \_\_\_\_\_  
Merger File \_\_\_\_\_  
Art. of Amend. File \_\_\_\_\_  
RA Resignation \_\_\_\_\_  
Dissolution / Withdrawal \_\_\_\_\_  
☒ Annual Report / Reinstatement \_\_\_\_\_  
Cert. Copy \_\_\_\_\_  
Photo Copy \_\_\_\_\_  
☒ Certificate of Good Standing \_\_\_\_\_  
Certificate of Status \_\_\_\_\_  
Certificate of Fictitious Name \_\_\_\_\_  
Corp Record Search \_\_\_\_\_  
Officer Search \_\_\_\_\_  
Fictitious Search \_\_\_\_\_  
Fictitious Owner Search \_\_\_\_\_  
Vehicle Search \_\_\_\_\_  
Driving Record \_\_\_\_\_  
UCC 1 or 3 File \_\_\_\_\_  
UCC 11 Search \_\_\_\_\_  
UCC 11 Retrieval \_\_\_\_\_  
Courier \_\_\_\_\_

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

01 OCT - 1 PM 12:58

RECEIVED