## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P97000075829

CANALES, TÈRESA

FORT MYERS, FL 33907

8624 E PARK

Name:

Address:

City-St-Zip:

Entity Name: C & C AUTO SALES OF FORT MYERS, INC.

FILED Mar 10, 2009 Secretary of State

•			,		
Current Principal Place of Business:			New Principal Place of Business:		
2335 CRY	/STAL DR				
#10	ERS, FL 3390	N7/15Ω			
Current Mailing Address:			New Mailing Address:		
8624 E. PA FORT MY	ARK ERS, FL 3390	074150			
FEI Number	: 65-0791453	FEI Number Applied For()	FEI Number Not Appl	licable ( ) Certificate of Status Desired (X)	
Name and	d Address of	Current Registered Agent:	Name and Address of New Registered Agent:		
	, TERESA S				
8624 E PARK FT MYERS, FL 37907 US					
i i wii Lix	0,12 07007				
In accordan	ce with s. 607.1	AS CANALES  nic Signature of Registered Ago  93(2)(b), F.S., the corporation did no  ng Trust Fund Contribution ( ).		Date e.	
	S AND DIREC	•	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTOR	
Title:		) Delete	Title:	( ) Change ( ) Addition	
Name:	CANALES, AD		Name:	( ) Change ( ) Addition	
Address:	8624 EAST PA		Address:		
City-St-Zip:	FORT MYERS	, FL 33907	City-St-Zip:		
Title:	VD (	) Delete	Title:	VD (X) Change ( ) Addition	
Name:	CANALES, AD		Name:	CANALES, ADAM III	
Address:	2243 IVY AVE		Address:	2330 FLORA AVE	
City-St-Zip:	FORT MYERS	, FL 33907	City-St-Zip:	FORT MYERS, FL 33907	
Title:	,	) Delete	Title:	( ) Change ( ) Addition	
Name:	CANALES, SE		Name:		
Address:	2230 FLORA		Address:		
City-St-Zip:	FORT MYERS	,FL 339U/	City-St-Zip:		
Title:	Т (	) Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: TERESA S CANALES T 03/10/2009