

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000085655

1. Corporation Name

CUSTOMER COMES FIRST, INC.

Principal Place of Business

Mailing Address

13660 MCCORMICK DR.
TAMAP FL 33626

13660 MCCORMICK DR.
TAMAP FL 33626

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

2. New Principal Office Address, If Applicable

13660 WRIGHT CIRCLE

Suite, Apt. #, etc.

TAMPA, FL

City & State

33626

Zip

Country

3. New Mailing Office Address, If Applicable

13660 WRIGHT CIRCLE

Suite, Apt. #, etc.

TAMPA, FL

City & State

33626

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/02/1997

5. FEI Number

593473909

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
D	BATCHMAN, ROSS O	13660 MCCORMICK DR.	TAMAP FL 33626
			400002799944--6 -03/09/99--01087--016 ****150.00 ****150.00
			400002799944--6 -03/09/99--01087--017 ****150.00 ****150.00

B. 98-99AR 3/8/99

8. Name and Address of Current Registered Agent

BATCHMAN, ROSS O
13660 MCCORMICK DR.
TAMAP FL 33626

CORRECT address

9. Name and Address of New Registered Agent

Name

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

13660 WRIGHT Circle

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

13660

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]

REGISTERED AGENT MUST SIGN

Date 2-9-99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99

Date

813-891-1668

Daytime Phone #

CR2ED40 (9/98)

Wt2

Customer Comes First, Inc.
13660 Wright Circle
Tampa, Fl. 13660
Phone: (813) 891-1060
Fax: (813) 891-1868
E-mail: CCFINC@ACNINC.NET

Date: 2/9/99

RE: APPLICATION FOR REINSTATEMENT (DOC.# P97000085655)

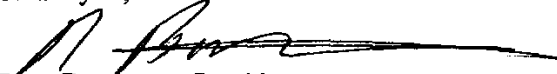
To whom it may concern;

Please be advised that the original paperwork for Customer Comes First, Inc. 's Annual Report was sent to an incorrect address.

The paper was sent to 13360 McCorin' l. Drive, Tampa Fl., 33626 and we operate business at 13660 Wright Circle, Tampa, Fl. 33626.

We are enclosing a check for \$150.00 for the reinstatement fee. We are not responsible for late fee's or addition charges as error was not made by CCF, Inc. Any assistance you can give us in this area would be greatly appreciated.

Thank you,


Ross Batchman, President