

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 21 AM 8:00

DOCUMENT # **P9800 00 41204**

1. Corporation Name

C AND C OF CENTRAL FLORIDA, INC.

2. Principal Office Address

973 NORTH RONALD REAGAN BLVD

Suite, Apt. #, etc.

City & State

LONGWOOD FLORIDA

Zip

32750

Country

U.S.A.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

REINSTATEMENT

00-04
MRS

4. Date Incorporated or Qualified
To Do Business in Florida

1998

5. FEI Number

59-3510221

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MANUEL CACDAC

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

2312 HILL STREET

Suite, Apt. #, Etc.

City

NEW SMYRNA BEACH

State
FL

Zip Code

32169

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

7/15/04

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---------------|--------------------------------------|---|------------------------|
| PRESIDENT | CRAIG FISHBAUGH | 802F ORIENTA AVE | ALT. SPRINGS, FL 32701 |
| SEC/ TREAS | MANUEL CACDAC | 2312 HILL STREET | NSB, FL 32169 |
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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 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:

Craig M. Fishbaugh

CRAIG M. FISHBAUGH

Date

7/15/04

Daytime Phone #

4073393075

CR2E081 (01/04)

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C and C of Central Florida, Inc.
d/b/a Priority One Automotive Service Center
973 North Ronald Reagan Blvd.
Longwood, FL 32750
407-339-3075

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

July 15, 2004

2000 AR
RE: Reinstatement Penalty and Fee Waivers

To Whom it May Concern,

Included with this letter is a check for the amount of \$750.00. Please accept this amount for the unpaid annual report fees. To my knowledge, an annual report form was never received. During that period of time, extensive road construction was being conducted at our location. Much of the traffic was diverted from our place of business.

Please inform us if additional fees must be paid. Thank you for your concern in this matter.

Sincerely,



Craig Fishbaugh
President
C and C of Central Florida, Inc.