PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	RPORATION STATEMENT	Secreta	DA DEPARTMENT OF STATE Secretary of State Division of Corporations			FILED OV-1 AM 10: 29	[V]	
DOCUMENT # P98000079402 1. Corporation Name					SECKETARE OF STATE TALLAHASSEE, FLORIDA			
C & L Group Inc.					<u>—-01-36</u>	الله الأستخصافة الشمام لا الطالع الله الأستخصافة الأستخلام لا الطالع	·	
	d Office Address da F. Fiffie	3. Mailing Office Address 601 NW	ng Office Address is 01 NW 2nd. Ter			CR2E081 (12/05)		
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida 10-1-98			
	field Beach	City & State Florida			5. EELNumber 70417 Applied For Not Applicable			
^{Zip} 3344	USA	^{Zip} 33441	ÜŜA		6. CERTIFICATE		Additional Fee required a Certificate of Status	
7. Name and Address of Current Registered Agent								
	Name Linda F. Fiffie							
Street Address (P.O. Box Number is Not Acceptable) 2nd. Terrace								
	Suite, Apt. #, Etc.						1	
·	City Deerfield Beach					State Zin Code FL 33441		
Signature o		ive named corporation, and	bligations of section	on 607.0505 or 617.0503, F.S. 10-24-06				
Registered Agent Agent REGISTER GOV / GENT MUST SIGN						Date		
9. Names	and Street Addresses of Each Officer and			nust list at le:	ast 3 directors)			
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
owner/pres.	Linda F. Fiffie	601	NW 2nd	. Ter.		Deerfield Beach	n, Fl. 33441	
Manager	Lee A. Fiffie	601	Nw 2nd.	Ter.		Deerfield Beach	, Fl. 33441	
	İ							
					11/03/06	181501521 -01035017 **6	00.00	
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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 filling 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 contained in Chapter 119, 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 Date Description 507,0401 or 617, F.S. I further certify that when filling this reinstatement application, the reason 607,0401 or 617, F.S. I further certify that when filling this reinstatement application, the reason 607,0401 or 617, F.S. I further certify that when filling this reinstatement application, the reason 607,0401 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution for the receiver of the corporate name satisfies the requirements of section 607,0401 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution for the receiver of the corporation for one of the receiver of the corporation for the receiver of the receiver of the corporation for the receiver of the rece								
4	SIGNATURE AND TYPED OR PR	KINTER NAME OF SIGNING (JFFICER OR DIRECT	OR		Date Daytim	e Phone #	

→ AFTN: Eula Peterson

October 23, 2006

601 NW 2nd. Ter. Deerfield Beach, Fl.33441

Dear Sir or Madam:

I/ we did not receive notice of the original/ second notice, annual report, therefore we would like to be reinstated as a Corporation. This letter serves as a notice of non-receipt for years 2003-2006.

Sincerely,

Linda F. Fiffie

President/ Owner