

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 22 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000003066

1. Corporation Name

C & C Enterprizes of Tampa, Inc.

900016986629
04/25/03--01009--009 **1050.00

REINSTATEMENT 01-03

2. Principal Office Address

904 Golf Island Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

904 Golf Island Dr.

Suite, Apt. #, etc.

City & State

Apollo Beach, FL

City & State

Apollo Beach, FL

Zip

33572

Country

USA

Zip

33572

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1-8-99

5. FEI Number

593552354

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

Curtiss V. Kuntz

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

11301 Smokethorn Dr.

Suite, Apt. #, Etc.

City

Riverview

State
FL

Zip Code

33569

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

Curtiss V. Kuntz

REGISTERED AGENT MUST SIGN

Date 4-21-03

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
P	Curtiss V. Kuntz	11301 Smokethorn Dr.	Riverview, FL 33569
T	Machelle Corbin Kuntz	904 Golf Island Dr.	Apollo Beach, FL 33572

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:

Curtiss V. Kuntz

Curtiss V. Kuntz 4-21-03

813-677-6347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

7/4/23