

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT -3 PM 3:35

DOCUMENT # P99000039114

1. Corporation Name

C & C UTILITIES, INC.

2. Principal Office Address

11836 Hunters Lake Dr.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Port Richey, FL

City & State

SAME

Zip

34654

Country

USA

Zip

SAME

Country

SAME

4. Date Incorporated or Qualified  
To Do Business in Florida

4-26-99

5. FEI Number

59-3291715

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

THOMAS CARRANO

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

11836 Hunters Lake Drive

Suite, Apt. #, Etc.

City

New Port Richey

State

FL

Zip Code

34654

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

*Thomas Carrano*

REGISTERED AGENT MUST SIGN

Date 10/2/01

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
Pres	THOMAS CARRANO	11836 Hunters Lake Dr.	New Port Richey, FL 34654

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:

*Thomas Carrano*

THOMAS CARRANO

10/2/01

Date

(727)  
857-1105

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/00)