

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

02 FEB -8 PH 4:00

DOCUMENT # 799000039351

1. Corporation Name

C & C AUTO BODY REPAIR
ENTERPRISES, INC.
7102600008434

2. Principal Office Address

8700 N.W. 7 AVE.

Suite, Apt. #, etc.

BLDG. 2

City & State

MIAMI, FLORIDA

Zip

Country

33150

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

4/30/99

5. FEI Number

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

CRAWFORD, CHILAL

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

8700 N.W. 7TH AVENUE

Suite, Apt. #, Etc.

BUILDING 2

City

MIAMI

State

FL

Zip Code

33150

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of
Registered Agent

Chilal Crawford

REGISTERED AGENT MUST SIGN

Date

01/24/07

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
ZSA	CHILAL CRAWFORD	8700 N.W. 7 AVE BLDG 2	MIAMI, FLORIDA 33150

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 807 or 817, 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 807.0401 or 817.0401, 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)(f), 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:

Chilal Crawford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/24/07 328-657-7275

Daytime Phone #

CR2001 (8/00)