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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 AUG 13 AM 9:39

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000076589

1. Corporation Name

C2 CONSULTANTS, INC.

000133823460
08/19/08--01024--006 **158.75000133823460
07/31/08--01032--016 **1200.00

2. Principal Office Address - No P.O. Box #

7120 LONG LEAF DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

PARKLAND, FL

City & State

Zip

33076

Country

Zip

Country

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

08/23/99

5. FEI Number
65-0963793☐ Applied For
☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

COTILLA, MARISELA J.

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

7120 LONG LEAF DRIVE

Suite, Apt. #, Etc.

City

PARKLAND, FL

State

FL

Zip Code

33076

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date

REGISTERED AGENT MUST SIGN

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
PTD	COTILLA, MARISELA J.	7120 LONG LEAF DRIVE	PARKLAND, FL 33076

REINSTATEMENT

B 8/13/08
00-08

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 contained in Chapter 118, 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:

COTILLA, MARISELA J.

7-25-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C2 CONSULTANTS, INC.
7120 LONG LEAF DRIVE
PARKLAND, FL 33076

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July 25, 2008

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

Re: Reinstatement Application

To whom it may concern

Enclosed is our check for \$1,200.00 for the annual report fee of \$150.00 for the years 2000 through 2008.

We have recently discovered that renewal notices were being sent to our attorney 's office and not received by our company.

Please reinstate our company without any further fees.

Thank you.

Sincerely,



Marisela Cotilla
C2 Consultants, Inc.