

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 27 PM 12: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V06272

1. Corporation Name

C.S.C.C., INC.

Principal Place of Business

Mailing Address

5555 TAMiami TRL
SUITE 921
NAPLES FL 33963
US

5555 TAMiami TRL
SUITE 921
NAPLES FL 33963
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

34108

34108

REINSTATEMENT

SP00

4. Date Incorporated or Qualified
To Do Business in Florida

01/07/1992

5. FEI Number

65-0316061

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	YAMRON, BRUCE	701 PINESIDE LANE	NAPLES FL
D	FREEDMAN, PAUL	9400 S DADELAND BLVD	MIAMI FL 33156
D	YAMRON, HAROLD	136 EDMERE WAY S	NAPLES FL 34105
D	YAMRON, BRUCE	1300 THIRD STREET S.	NAPLES / FL / 34102
D	FREEDMAN, PAUL	9410 SW 77th AVENUE	MIAMI / FL / 33156

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRUBER, PETER G PA
9100 S DADELAND BLVD
SUITE 910
MIAMI FL 33156

Name

BRUCE YAMRON

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

1300 THIRD STREET S.

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34102

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

Date

10-23-00

REGISTERED AGENT MUST SIGN

11. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-23-00

Daytime Phone #

941-261-7707

CR2ED40 (8/00)