

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

\$961.25

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra E. Mathiam
Secretary of State
DIVISION OF CORPORATION

V50118

AND FILED

1998 JAN 29 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V50118
1. Corporation Name C.C. HOLDINGS, INC.

Principal Place of Business Mailing Address SAME
410 POINCIANA ISLAND DRIVE
N. MIAMI BEACH, FL 33160

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. City & State Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 7-14-92
5. FEI Number 65-0367674 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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
DPST	JOHN C. DAVIDSON	29 CARDINAL LANE	KEY LARGO FL 33037
			300002421903-9 -02/05/98-01006-002 ****122.50 *****61.25
			300002421903-9 -02/05/98-01006-003 ****300.00 *****00

PENALTY 600.00
 AR 122.50
 SUPP 177.50
 CERT 61.25
 961.25

REINSTATEMENT

91298
112998

8. Name and Address of Current Registered Agent
MARTIN E. DOYLE
1 S.E. THIRD AVE.
MIAMI FL 33131

9. Name and Address of New Registered Agent
Name JOHN C. DAVIDSON
Street Address (P.O. Box Number is Not Acceptable) 29 CARDINAL LANE
Suite, Apt. #, Etc.
City KEY LARGO State FL Zip Code 33037

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 1-28-98
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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 taxes 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)(b), 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
JOHN C. DAVIDSON, PRESIDENT
Date 1-28-98 Daytime Phone # 305-883-8898