

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN 20 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P 00000082699**

1. Corporation Name

C-4, INC.

2. Principal Office Address

1710 45th St

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 222861

Suite, Apt. #, etc.

City & State

W.P.B. FL

City & State

W.P.B. FL

Zip

33407

Country

Palm Beach

Zip

33422

Country

Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

2001

5. FEI Number

65 087 8183

Applied For

Not Applicable

6. **NO**
CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Reginald Brown

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

1710 45th St

Suite, Apt. #, Etc.

City

W.P.B.

State
FL

Zip Code

33407

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

Reginald Brown

Date

6/3/03

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
PR	Reginald Brown	1710 45th St W.P.B. FL	W.P.B. FL 33407
VP	Same	Same	Same
Other	Same	Same	Same

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:

Reginald Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/3/03

Daytime Phone #

(861) 719-8120

CR2E081 (10/02)

6/6/20

C-4, Inc
P.O. Box 222861
West Palm Beach, FL
33422

June 17, 2003

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

Subject: C-4, Inc
Ref. Number: P00000082699

To Whom It May Concern,
As we discussed on the phone I did not receive your
letter of rejection or any other correspondence from
2002.

Will you please accept this letter of reason and wave the
reinstatement fee and accept my check for the renewal
fee.

Thank-you for your cooperation in this matter.


Reginald Brown