

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P010000087582

1. Corporation Name

C2C, Corp.

2. Principal Office Address

2320 Caribbean Court
Suite, Apt. #, etc.

3. Mailing Office Address

2320 Caribbean Court
Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32805

Country

USA

City & State

Orlando, FL

Zip

32805

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/4/01

5. FEI Number

593741011

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

Joseph A. Morrison

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

3500 South Florida Avenue

Suite, Apt. #, Etc.

Suite 3

City

Lakeland

000023800790

10/15/03--01009--009 **158.75

State

FL

Zip Code

33803

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10-7-03

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
D	Barbra Hoskinson	2320 Caribbean Court	Orlando, FL 32805
D	Michael Hoskinson, Sr.	2320 Caribbean Court	Orlando, FL 32805

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:

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

10/10/03 787 843 1594
Date Daytime Phone #

CR2E081 (10/02)

c2c, Corp.
2320 Caribbean Court
Orlando, Florida 32805

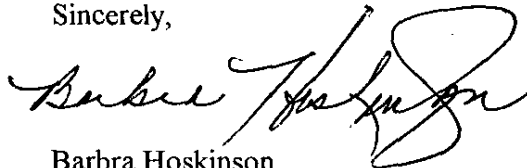
Florida Department of State, Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Application for Reinstatement

Dear Sirs:

Enclosed with this letter is a check in the amount of \$150.00 along with an executed Application for Reinstatement for the above referenced corporation. On behalf of the corporation, I am requesting that it be reinstated and that the additional \$600.00 fee be abated due to the fact that the corporation did not receive any prior annual report notice for the year in question. Please be assured, that early next year I will know to inquire if I don't receive correspondence from your office in the mail. Please promptly notify me if my request is denied. Thank you for your consideration.

Sincerely,



Barbra Hoskinson