


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F00000003095

1. Corporation Name

CTL INVESTMENTS INC.

Principal Place of Business

Mailing Address

9955 FALLSTON ROAD  
FALLSTON MD 21047

3504 Durango St.  
Coral Gables Fla 33134 ← same

9955 FALLSTON ROAD  
FALLSTON MD 21047

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

2. New Principal Office Address, If Applicable

3504 Durango St

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3504 Durango St

Suite, Apt. #, etc.

City & State

Coral Gables, Fla

Zip

33134

Country

USA

City & State

Coral Gables, Fla

Zip

33134

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

05/30/2000

5. FEI Number

52-1981095

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	WEBSTER, C. TYLER	733 HOMESTEAD AVENUE	HAVERTOWN PA
CSD	WEBSTER, TOREY L	528 NE 75TH STREET	MIAMI FL
D	WEBSTER-IMBER, SALLY	3504 DURANGO STREET	CORAL GABLES FL

400004719224--6

-12/11/01-01075-024

\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

WEBSTER-IMBER, SALLY  
3504 DURANGO STREET  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Sally Webster-Imber*  
REGISTERED AGENT MUST SIGN

Date

11/27/2001

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:

Torey L. Webster

*Torey L. Webster*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/30/2001 305-443-0440

CR2E04C (8/01)