APPLICATION STATE SAID APPLICATION STATE SOLUTION OF CORPORATIONS  REINSTATEMENT  DOCUMENT # F 94000000479  Copposition Name  CTJ Caterprises, J.K.  Prograf Pasc of Business  Making Address	PLEASE READ ALL IN	STRUCTIONS BEFORE C	COMPLETING THIS FORM TO	
REINSTATEMENT  BILLION S. W. 2nd AVE.  SWITE 3271  BOCA RATON, FL 33432  Blum Apt. 1, etc.  SWITE 3271  BOCA GALLING Committee in any way line through incomed information and enter correction below.  Committee of December 2nd Committee of	APPLICATION FLOR FORCO REINSTATEMENT	IDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED	
REINSTATEMENT  BILLION S. W. 2nd AVE.  SWITE 3271  BOCA RATON, FL 33432  Blum Apt. 1, etc.  SWITE 3271  BOCA GALLING Committee in any way line through incomed information and enter correction below.  Committee of December 2nd Committee of	DOCUMENT # F 9400000479  1 Corporation Name  CTET ENTECPISES Tw.		SECRETARY OF STATE TALLAHASSEE. FLORIDA	
Boca Raton   File   33 4 32   1   1   1   1   1   1   1   1   1	Principal Place of Business Mailing Address		DEINICTATERSENT 4 19101	
Soit. Apl 1. w   Soit. Apl 2. w   Soit. Apl 3. w   Soit. Apl 4. w   Soit. Apl 4. w   Soit. Apl 5. w   To Co Business in Fonda    Soit. Apl 7. w   Soit. Apl 5. w    Soit. Apl 6. w   To Co Soit. Apl 6. w   Soit. Apl 6. w   Soit. Apl 6. w    Soit. Apl 6. w   To Co Business in Fonda    Soit. Apl 6. w   Soit. Apl 6. w   Soit. Apl 6. w    Soit. Apl 7. w   Soit. Apl 6. w   Soit. Apl 6. w    Soit. Apl 7. w   Soit. Apl 6. w   Soit. Apl 6. w    Soit. Apl 7. w   Soit. Apl 7. w	Boca Raton, FL 33432		DO NOT WRITE IN THIS SPACE	
RATON, PL ONLY & State  23 3432 Purity Death  Record Raton PL Only & State  24 3432 Purity Death  7 Names and Street Address of Each Officer and/or Director (Florids comprodit corporations must list at heart 3 directors)  Singel Address of Each Officer and/or Director  10(4) 2 Name and Address of Carrent Registered Agent  10(5) 2 Name and Record Purity Death Place Box Numbers)  100 NOT Use Post Office Box Numbers  100 Name and Address of Current Registered Agent  100 Name  100 Name and Address of Current Registered Agent  100 Name  100 Name  100 Name and Address of New Registered Agent  100 Name  100 Name	2. New Principal Office Address, If Applicable  1001 Sw 2 Ad HVE  Suite, Apt. #, etc.  Suite, Apt. #, etc.		To Do Business in Florida	
7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name and Street Addresses of Each Officer and/or Directors  1 Size Address of Each Officer and/or Directors  1 City / State / Zp  2 City / State / Zp  3 City / State / Zp  3 City / State / Zp  4 City / State / Zp  5 City / State / Zp  6 Cit	Boca Raton, PL City & St.		6. CERTIFICATE OF STATIS DESIRED \$ 56 % AND TOTAL O	
TIM Jewel   2   3   (Do NOT Use Post Office and Converted State of Section 2)   4   (City / State / Zp)      Res.   TIM Jewel		Street Address of Each	ist 3 directors)	
8. Name and Address of Current Registered Agent  7 IM Jewell  10 I. Saw 2 nd 4 VE  Suite. Apt. 4, Etc.  City  Sinate of Comparison of Special Comparison o	3 (Do NOT Use Post Office Box Numbers) 4  1001 SW 2nd AUE, 53271			
8. Name and Address of Current Registered Agent  Name  8. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite. Apt. 8, Etc.  City  Signature of Registered Agent  10. Loeng appointed the registered agent of the obero pared corporation, am familiar with and accept the obligations of Socilor 607.0505, F.S.  Signature of Registered Agent  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 do heroby contify that the information supplied with this filling is voluntary furnished and does not qualify for the exemption stated in Section 119.07(3)(4), Florida Statutes I release the Division of Corporations from any liability of non-compliance stall socient 119.07(3)(4) in the event that the information supplied is deemed exempt from public access it cannot be the object of the property of the exemption as provided for in chapter (See certify that when filling its voluntary furnished and does not qualify for the exemption stated in Section 119.07(3)(4), Florida Statutes I release the Division of Corporations from any liability of non-compliance state this application as provided for in chapter (See certify that when filling the corporation the open of the depolitors when the property of the exemption as provided for in chapter (See certify that when filling the corporation the open of the provided on this application is true and accurate, and my signature shall have the same logal effect as if made under call.  SIGNATURE:	Mes. 1/m sewer		Boca Raign FL 33432	
8. Name and Address of Current Registered Agent  Name  8. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite. Apt. 8, Etc.  City  Signature of Registered Agent  10. Loeng appointed the registered agent of the obero pared corporation, am familiar with and accept the obligations of Socilor 607.0505, F.S.  Signature of Registered Agent  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 do heroby contify that the information supplied with this filling is voluntary furnished and does not qualify for the exemption stated in Section 119.07(3)(4), Florida Statutes I release the Division of Corporations from any liability of non-compliance stall socient 119.07(3)(4) in the event that the information supplied is deemed exempt from public access it cannot be the object of the property of the exemption as provided for in chapter (See certify that when filling its voluntary furnished and does not qualify for the exemption stated in Section 119.07(3)(4), Florida Statutes I release the Division of Corporations from any liability of non-compliance state this application as provided for in chapter (See certify that when filling the corporation the open of the depolitors when the property of the exemption as provided for in chapter (See certify that when filling the corporation the open of the provided on this application is true and accurate, and my signature shall have the same logal effect as if made under call.  SIGNATURE:			2222222	
Tim Jewell  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. 4, Etc.  Suite, Apt. 4, Etc.  City  State  City  State  City  State  City  State  Signature of Registered Agent  Hegistered Agent  Hegistered Agent  Maccoptable agent of the above pared corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent  Hegistered Ag			-11/22/3601009008	
Tim Jewell  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. 4, Etc.  Suite, Apt. 4, Etc.  City  State  City  State  City  State  City  State  Signature of Registered Agent  Hegistered Agent  Hegistered Agent  Maccoptable agent of the above pared corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent  Hegistered Ag	8. Name and Address of Current Repistered	Agent	9. Name and Address of New Registered Agent	
Suite, Apt. #, Etc.  Suite, Apt. #, Etc.  Suite, Apt. #, Etc.  Signature of Registered agent of the above pared corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent  MEGISTACY DAGENT MUST SIGN  Date  (See other side for information on 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 do heroby cortify that the information supplied with this filing is voluntary furnished and does not qualify for the exemption stated in Section 119.07(3)(4), Florida Statutes I release the Division of Corporations from any liability of non-compliance still Section 119.07(3)(4) in the event that the information supplied is deemed exempt from public access is certify that I am an efficier or director or the receiver or trustee employed to execute this application as provided for in chapter 507 or 617, F.S. I further certify that I am an efficier or director or the receiver or trustee employed to execute this application as provided for in chapter 507 or 617, F.S. I further certify that I am an efficier or director or the receiver or trustee employed to execute this application as provided for in chapter 507 or 617, F.S. I further certify that I am an efficient or open for discoulting the subject of high finds, the corporation name statistics her requirements of section 607.0401; F.S. and that a fees oved by the corporation have been paid. The information discounter oath.  SIGNATURE:	Na			
10 I, being appointed the registered agent of the abevo pamed corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent  HEGISPELED 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 do hereby cortify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance skill Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access it certly that I am an officer or director or the receiver or trustee emportant of exemption as provided for in chapter 607 or 617, F.S. I furnished certified the remaining application the registered remaining the corporation name satisfies the requirements of section 507:0401; F.S., and that all fees even do by the corporation have been paid. The information application is true and accurate, and my signature shall have the same logal effect as if made under oath.  SIGNATURE:	1001 SW 2nd AVE			
Signature of Registered Agent  11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No Souther side for information on intangible tax.)  12. I do hereby certify that the information supplied with this filing is voluntary furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public accessionity that I am an officer or director or the receiver or trustee emporished to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing these sowed by the corporation have been paid. The information discounts on this application is true and accurate, and my signature shall have the same logal effect as if made under oath.  SIGNATURE:	Boca Ra101, FL 33432   FL			
12. I do hereby contity that the information supplied with this filing is voluntaring turnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access, i certify that I am an officer or director or the receiver or trustee emportarily do execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the repeat for dissolution—has been publicated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all toes owed by the corporation have been paid. The information discounts of this application is true and accurate, and my signature shall have the same logal effect as if made under oath.  SIGNATURE:	Signature of Hegistered Agent Date 11/19/56			
SIGNATURE:				
SIGNATURE:	12. I do hereby cortify that the information supplied with this filing is voluntarin furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access, I certify that I am an officer or director or the receiver or fustee emporarily do execute this application as provided for in chapter, 607 or 617, F.S. I further certify that when filling this reinstatement application in the repeating the composition of			
	SIGNATURE:	<i>//</i>		