

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JUL 24 AM 9:16

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

DOCUMENT # G95073

1. Corporation Name

C & T OF SEMINOLE, INC.

2. Principal Office Address

110 Anchor Road

Suite, Apt. #, etc.

City & State

Casselberry FL

Zip

32707

Country

USA

3. Mailing Office Address

P.O. Box 552

Suite, Apt. #, etc.

City & State

Altamonte Springs FL

Zip

32715

Country

USA

REINSTATEMENT

94-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

1979

5. FEI Number

59-2458467

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

Charlotte R. Blunt

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

110 Anchor Road

Suite, Apt. #, Etc.

City

Casselberry,

State

FL

Zip Code

32707

300003350369-0

-08/09/00--01015--013

***1650.00 ***1650.00

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

Charlotte R. Blunt

REGISTERED AGENT MUST SIGN

Date

7/21/00

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
M	Charlotte R. Blunt	110 Anchor Road	Casselberry, FL-32707

LS

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:

Charlotte R. Blunt CHARLOTTE R. BLUNT 7/21/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

407-830-4261

Daytime Phone #

CP2E081 (9/99)