

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000111699

1. Limited Liability Company's Name

CTF HOLDINGS LLC

2. Principal Office Address - No P.O. Box #

605 CRESCENT EXECUTIVE CT

Suite, Apt. #, etc.

SUITE 320

City & State

LAKE MARY, FL

Zip

32746

Country

USA

3. Mailing Office Address

605 CRESCENT EXECUTIVE CT

Suite, Apt. #, etc.

SUITE 320

City & State

LAKE MARY, FL

Zip

32746

Country

USA

4. State/Country of Formation
FLORIDA/USA

5. Date Organized or Qualified
To Do Business in Florida **11/17/05**

6. FEI Number
20-3806341

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ **\$5.00 Additional Fee required for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name
KATHARINE L WERTZ

Street Address (P.O. Box Number is Not Acceptable)
2170 SR 434 WEST

Suite, Apt. #, Etc.
SUITE 320

City
LONGWOOD

State
FL

Zip Code
32779

☒ **A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *Katharine L. Wertz*
REGISTERED AGENT MUST SIGN

Date **03/31/09**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	KATHARINE L WERTZ	605 CRESCENT EXECUTIVE CT, ST.	LAKE MARY / FL / 32746

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager *Katharine L. Wertz* Date **03/31/09**

Daytime Phone # **407-805-9851**

KATHARINE L WERTZ

FILED

09 MAY 11 PM 4:26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

000148550190
04/03/09--01004--030 **282.50
CR2E041 (10/08)

000148550190
05/12/09--01017--001 **138.75

REINSTATEMENT

07-09
Bruce



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 8, 2009

CTF HOLDINGS LLC
605 CRESCENT EXECUTIVE CT
SUITE 320
LAKE MARY, FL 32746

SUBJECT: CTF HOLDINGS LLC
Ref. Number: L05000111699

We have received your document for CTF HOLDINGS LLC and your check(s) totaling \$282.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The total amount due to reinstate is \$421.25.

There is a balance due of \$138.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 009A00011800

REC'D APR 15 2009