

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

13000118418

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L13000118418

1. Limited Liability Company's Name  
CT HOLDING, LLC

500370300255

2. Principal Office Address - No P.O. Box #  
201 ALHAMBRA CIR

3. Mailing Office Address  
201 ALHAMBRA CIR

Suite, Apt. #, etc.  
STE 600

Suite, Apt. #, etc.  
STE 600

City & State  
CORAL GABLES, FL

City & State  
CORAL GABLES, FL

Zip Country  
33134 United States

Zip Country  
33134 United States

CR2E041 (1/14)

4. State/Country of Formation  
Florida

5. Date Organized or Qualified To Do Business in Florida 08/19/2013

6. FEI Number  
41-2282637

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  
AVALON INCORPORATORS LLC

Street Address (P.O. Box Number is Not Acceptable) Suite,  
999 BRICKELL AVE

Apt. #, Etc.  
STE 600

City State Zip Code  
MIAMI FL 33130

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent Ashley Goldsmith, Attorney-in-Fact  
REGISTERED AGENT MUST SIGN

Date 7/19/2021

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	GUILLERMO J SARRIA FARIA	2688 Edgewater Court	Weston, FL 33332

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member Ashley Goldsmith Date 7/19/2021 Daytime Phone # \_\_\_\_\_

Typed or printed name of signing authorized representative/member Ashley Goldsmith, Attorney-in-Fact

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312  
(850) 656-4724

DATE 07/20/2021

*First*  
*1-2 filing. This is ~~second~~.*

**\*\*WALK IN\*\***

ENTITY NAME CT HOLDING, LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

*2*

XXXXX  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Plain Copy*  
*Certified Copy*  
*Certificate of Status*

RECEIVED  
2021 JUL 20 PM 11:23  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Certified Copy of Arts & Amendments*  
*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ upto 1,000<sup>00</sup>  
516.25

ACCOUNT #: I20160000072

*S. R. J. M.*

Please call Tina at the above number for any issues or concerns. Thank you so much!