PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # ~~L14000123097~~ L14000132097

1 Limited Liability Company's Name
CTM Enterprises, LLC

000387203750
05/04/22--01021--001 **138.75

000387203750
05/10/21--01028--006 **332.50

971.25
100.00
60.00

2 Principal Office Address	3 Mailing Address
23071 Skyview Circle	23071 Skyview Circle
City & State Brooksville, Fl	City & State 23071 Skyview Circle
Zip / Country 34602 / USA	Zip / Country 34602 / USA

4 State Country of Formation
USA

5 Date Organized or Qualified
To Do Business in Florida 2014

6 FEI Number
47-1659765
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
Sandra J Sager

Street Address (P.O. Box Number is Not Acceptable)
23071 Skyview Circle

Apt. # Bldg.

City	State	Zip Code
Brooksville	FL	34602

FILED
2022 APR 29 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9 Having been named the registered agent for the above-named limited liability company, I am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Sandra J Sager (REGISTERED AGENT MUST SIGN) Date: 04/9/2022

10 Name and Street Address of Authorized Representative(s) (see instructions)

Title	Name of Authorized Representative(s) / Manager(s)	Street Address of Each Authorized Representative / Manager(s)	City, State, Zip
AMBR	Sandra Joan Sager	same as RA	

11 E-mail Address: sagersj@outlook.com
(To be used for future annual report notification)

12 I certify that I am an authorized representative or agent of the limited liability company authorized to execute this application as provided for in Chapter 605, F.S. I further certify that with the filing of this reinstatement application the reason for dissolution has been eliminated, the limited liability company name is in the requirements of section 605.0112, F.S., and that all taxes owed by the limited liability company have been paid. The information indicated on this application is true and accurate as of the date of my signature. 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: Sandra J Sager Date: 4/29/22 Daytime Phone #: 262-476-0177

Typed or printed name of signing authorized representative/member: Sandra J Sager