

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000006549

1. Corporation Name

C.T.G. NOVA QUERENCIA, INC.

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

4390 N. FEDERAL HWY

Suite, Apt. #, etc.

SUITE 207

City & State

FORT LAUDERDALE

Zip

33308

Country

US

3. Mailing Office Address

4390 N. FEDERAL HWY

Suite, Apt. #, etc.

SUITE 207

City & State

FORT LAUDERDALE

Zip

33308

Country

US

7. Name and Address of Current Registered Agent

Name

TAX HOUSE CORPORATION

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

1100 S. FEDERAL HWY

Suite, Apt. #, Etc.

City

DEERFIELD BEACH

State

FL

Zip Code

33441

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

REGISTERED AGENT MUST SIGN

Date

11/18/2008

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
P	ZIGOMAR VUELMA	4390 N. Federal Hwy Ste 207	Fort Lauderdale, FL - 33308
V	PAULO CORSO	4390 N. Federal Hwy Ste 207	Fort Lauderdale, FL - 33308
T	VALNEI SANTOS	4390 N. Federal Hwy Ste 207	Fort Lauderdale, FL - 33308
S	CELSO ZANARDI	4390 N. Federal Hwy Ste 207	Fort Lauderdale, FL - 33308

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

09 JUN 15 AM 7:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700157177327  
06/15/09--01048--025 \*\*560.00

REINSTATEMENT

CR2E081(10/08) \*

98-09

4. Date Incorporated or Qualified  
To Do Business in Florida

11/18/1997

5. FEI Number

26 - 3732828

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ The 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 reinstatement fee be waived.

11/18/2008

(954) 938 9292