

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 10 PM 12:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000060575

1. Corporation Name

CTI NETWORK EXPERTS, INC.

Principal Place of Business

Mailing Address

25 S.E. 2ND AVENUE  
SUITE 1105  
MIAMI FL 33131

25 S.E. 2ND AVENUE  
SUITE 1105  
MIAMI FL 33131

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

306 Alcazar Avenue

306 Alcazar Avenue

Suite, Apt. #, etc.  
Suite 301

Suite, Apt. #, etc.  
Suite 301

City & State  
Coral Gables, FL

City & State  
Coral Gables, FL

Zip  
33134

Country  
U.S.A.

Zip  
33134

Country  
U.S.A.

REINSTATEMENT

03

4. Does the corporation or qualified  
To Do Business in Florida

06/22/2000

5. FEI Number

65-1151840

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PST	ZINS, LIVIU	25 S.E. 2ND AVENUE	MIAMI FL 33131
VPD	ZINS, LIVIU	25 S.E. 2ND AVENUE	MIAMI FL 33131

000024567540  
11/10/03--01081--010 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MILNE, ROBERT A

25 S.E. 2ND AVENUE

SUITE 1105

MIAMI FL 33131

306 Alcazar Avenue,

Suite 301

Coral Gables, FL 33134

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/04/03

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/04/03

CR2ED40 (7/03)

**Milne & Smith, LLC.**

A Partnership Of Professional Associations  
Attorneys At Law

306 Alcazar Avenue, Suite 301  
Coral Gables Florida 33134

Robert A. Milne\*

Sydney P. Smith

\*Barrister England And Wales

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November 4, 2003

Division of Corporations  
Annual Report/Reinstatement Section  
PO BOX 6327  
Tallahassee, FL 32314-6327

To Whom It May Concern:

Please be advised that the annual 2003 filing report for CTI EXPERTS, Inc. was mailed to the wrong address. Due to the filing form not being received at our current location, we missed the due date for the 2003 annual filing. Would you kindly, process the reinstatement form.

I have corrected the mailing information on the form for any future notifications and annual filings, etc.

Should you have any questions I can be reached 305-476-8200.

I remain,

Yours Sincerely,

Robert A. Milne, Esq.

Enclosures: