

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JUL 19 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-07/23/02--01070--009
****750.00 ****750.00

DOCUMENT # P000000 75371

1. Corporation Name

CT & MJ Enterprises, INC

REINSTATEMENT 01-02

2. Principal Office Address

20250 N.W. 3rd AVE

Suite, Apt. #, etc.

City & State

Miami, FLA

Zip

33169

Country

US

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/8/2000

5. FEI Number

1101E

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Calvin Soy

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

20250 N.W. 3rd AVE

Suite, Apt. #, Etc.

Miami, FLA

City

Miami

State
FL

Zip Code

33169

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

Calvin Soy

REGISTERED AGENT MUST SIGN

Date 7/16/02

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
D	Calvin Soy	20250 N.W. 3 rd AVE	Miami, FLA 33169
D	Mark Soy	20250 N.W. 3 rd AVE	Miami, FLA 33169

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 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:

Calvin Soy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/16/02

Daytime Phone #

305-653-1640

7/15/02