

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 12 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000030822

1. Corporation Name

CTC ENT., INC.

Principal Place of Business

7143 STATE ROAD 54  
SUITE 225  
NEW PORT RICHEY FL 34653

Mailing Address

7143 STATE ROAD 54  
SUITE 225  
NEW PORT RICHEY FL 34653

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/27/2001

5. FEI Number

593705230

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	RYAN, ROBERT	7143 STATE ROAD 54 SUITE 225	NEW PORT RICHEY FL 34653
VSD	HAKIMIAN, DAVID	7143 STATE ROAD 54 SUITE 225	NEW PORT RICHEY FL 34653

000009489350  
12/12/02--01071--002 \*\*150.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

Robert Ryan

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

4147 MARINE PARKWAY

Suite, Apt. #, Etc.

City

NEW PORT RICHEY

State

FL

Zip Code

34652

CR2E040 (8/02)

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/05/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/05/02

Daytime Phone #

**CTC ENT., INC.  
7143 STATE ROAD 54  
SUITE 225  
NEW PORT RICHEY, FL 34653-6104**

December 5, 2002

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: CTC ENT., INC.

To Whom It May Concern:

I, Robert Ryan, President of CTC Ent., Inc, received your notice of administrative dissolution or revocation in the mail. This was the first notice I received pertaining to this matter. I had never received any prior UBR Notices. Therefore, I am enclosing a check in the amount of \$150.00 to reinstate CTC ENT., Inc.

Thank you for your prompt attention to this matter.

Sincerely,

ⓧ

Robert Ryan