

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  **FLORIDA DEPARTMENT OF STATE**
REINSTATEMENT **Secretary of State**
DIVISION OF CORPORATIONS

FILED

03 MAR 19 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000111146

1. Corporation Name

Certified Technology Solutions

2. Principal Office Address

1401 Maratee Ave. W

Suite, Apt. #, etc.

Suite 120

City & State

Bradenton FL

Zip

34205

Country

USA

3. Mailing Office Address

1401 Maratee Ave. W.

Suite, Apt. #, etc.

Suite 120

City & State

Bradenton FL

Zip

34205

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/01

5. FEI Number

593757710

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

Williams Ramalho

600014381126

03/19/03--01070--024 **300 00

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

12327 Greenbrier Way

Suite, Apt. #, Etc.

City

Lakewood Ranch

State

FL

Zip Code

34202

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

3/19/03

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
DC PTSV	Williams Ramalho	12327 Greenbrier Way Lakewood Ranch, FL 34202	Lakewood Ranch, FL 34202
D	Vincent Cannatello	19212 East 62nd Ave	Bradenton, FL 34203

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/03

Date

Daytime Phone #

144

CR2E081 (10/02)



272

March 18, 2003

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

To Whom It May Concern:

I am writing to you to request a reinstatement of our corporation. Over the past 15 months we have moved our offices twice and I never received your notice regarding our renewal for my corporation. I recently found out that our corporation had expired when I was meeting with the Florida Department of Revenue. Therefore, I have enclosed \$300 to cover reinstatement of last year, 2002, and the current year, 2003. Please accept this letter as my renewal and please waive the additional reinstatement fees due to non-receipt of our notice. Our current address is as follows:

Certified Technology Solutions
1401 Manatee Avenue West
Suite 120
Bradenton, FL 34205

Sincerely,

A handwritten signature in black ink, appearing to read "Bill Ramalho", is written over a horizontal line.

Bill Ramalho
President
Certified Technology Solutions