

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

FILED

03 NOV -3 PM 12:34

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

APPLICATION  
 FOR  
 REINSTATEMENT

DOCUMENT # **P02000056841**

1. Corporation Name

**C.F.T. SERVICES, INC.**

Principal Place of Business

Mailing Address

210 LAKEVIEW DRIVE  
 SUITE 302  
 WESTON FL ~~33026~~

210 LAKEVIEW DRIVE  
 SUITE 302  
 WESTON FL 33026

*incorrect*

**33326**

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



**REINSTATEMENT 03**

2. New Principal Office Address, If Applicable

**210 Lakeview Dr**

3. New Mailing Office Address, If Applicable

**210 Lakeview Dr**

Suite, Apt. #, etc.

**302**

Suite, Apt. #, etc.

**302**

City & State  
**Weston, FL**

City & State  
**Weston, FL**

Zip  
**33326**

Country  
**U.S.**

Zip  
**33326**

Country  
**U.S.**

4. Date Incorporated or Qualified To Do Business in Florida

**05/22/2002**

5. FEI Number

**61-1415840**

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
PSTD	TORRES, LEONARDO F	210 LAKEVIEW DRIVE SUITE 302	WESTON FL <del>33026</del> 33326

000024375800

11/03/03--01032--021 \*\*150.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
 1840 SW 22ND ST.  
 4TH FLOOR  
 MIAMI FL 33145

9. Name and Address of New Registered Agent

Name **Leonardo Torres**  
 Street Address (P.O. Box Number is Not Acceptable)  
**210 Lakeview Dr**  
 Suite, Apt. #, Etc.  
**# 302**  
 City **Weston** State **FL** Zip Code **33326**

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]*

REGISTERED AGENT MUST SIGN

Date

**10/25/03**

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]* **Leonardo Torres**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/25/03 954-448-1296**

Date

Daytime Phone #

CR2E040 (7/03)

# C.F.T. SERVICES INC.

210 Lakeview Dr.  
#302  
Weston, Fl 33326  
(954)448-1296  
lefato@excite.com

October 22, 2003

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DIVISION OF CORPORATIONS  
ANNUAL REPORT/REINSTATEMENT SECTION  
PO BOX 6327  
TALLAHASSEE, FL 32314-6327

*To whom it may concern:*

*I recently received a notice from your office stating that C.F.T. Services Inc would be administratively dissolved effective Sept. 19, 2003. I called your office to inquire about this notice and they informed me that this is my third notice. To the best of my knowledge, I did not receive the prior two notices. The address on the envelope is with no doubt my correct mailing address. I have no answers as to why I the last two notices did not reach my hands but I ask that you please consider to waive the reinstatement fee due to my situation. I have enclosed a check for one hundred and fifty dollars which I was told would cover the cost to have everything back in order. If you should have any question please contact me any which way you like.*

*Sincerely,  
Leonardo Torres  
-President*

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