PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 APR 27 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000100707

Corporation Name

C.T.M DELIVERIES SERVICES,CORPORATION

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1354 SW 179th TERR	1354 SW 179th TERR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PEMBROKE PINES, FL	City & State: PEMBROKE PINES, FL
Country: U S A	Country: U S A
Zip	Zip

100147720641
03/27/09--01032--006 **300.00
REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida: SEPT 10,07

5. FEI Number: 87-0813625 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CESAR TRAVIESO

Street Address (P.O. Box Number is Not Acceptable): 1354 SW 179th TERR

Suite, Apt. #, Etc.

City: PEMBROKE PINES State: FL Zip Code: 33029

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: _____ Date: MARCH19/09

REGISTERED AGENT MUST SIGN

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
PRESIDENT	CESAR TRAVIESO	1354SW 179th TERR	PEMBROKE PINES, FL,33029
VICE PRESIDENT	GUILLERMO RODRIGUEZ	1354SW 179th TERR	PEMBROKE PINES, FL,33029

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 contained in Chapter 119, 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: _____ March 19/09 786 357 1680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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