

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P93000037925**

1. Corporation Name

C & T SERVICES OF CTRL FL INC.

99 OCT 20 PM 2:56

REINSTATEMENT 99



Principal Place of Business

Mailing Address

~~8109 CANYON OAKS LANE
ORLANDO FL 32822~~

~~3660 MAGUIRE BLVD
STE 250
ORLANDO FL 32803~~

**2404 Gallery View
De. #6
Winter Park, FL 32792**

**ORLANDO FL 32803
US**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/24/1993

5. FEI Number

59-3185120

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
PVST	ANDERSON CHARMAGNE	103 VILLAGE LANE 2404 Gallery View Dr. #6 Winter Park, FL 32792	WINTER PRK FL 32792

**6388803027266--4
-10/27/99--01097--020
****750.00 ****750.00**

10/18/99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**ANDERSON, CHARMAGNE A
103 VILLAGE LN
WINTER PRK FL 32792**

**2404 Gallery View
De. #6
Winter Park, FL 32792**

Name **CHARMAGNE ANDERSON**
Street Address (P.O. Box Number is Not Acceptable)
2404 Gallery View Dr. #6
Suite, Apt. #, Etc.

City **Winter Park**

State
FL

Zip Code
32792

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.

Signature of
Registered Agent

CHARMAGNE ANDERSON
REQUIRED

Date **10/18/99**

REGISTERED AGENT MUST SIGN

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:

CHARMAGNE ANDERSON
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/99 407-595-7131
Date Daytime Phone #