

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

PA3000070016

Corporation Name

CDT GROUP CORPORATION

FILED

99 SEP 21 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

124 SOUTH EAST 1ST STREET
MIAMI, FLORIDA. 33131

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

4. Date Incorporated or Qualified
To Do Business in Florida

10/08/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0444249

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Name

Name of Officers
and/or Directors

2. Street Address of Each
Officer and/or Director
(Do NOT Use Post Office Box Numbers)

3. City / State / Zip

D

ANTONIO MOURA

25 S.E. 2nd Ave #1235
1501 BRICKELL AVE. #1401

MIAMI, FLORIDA. 33129

600002996596--3

09/24/99--01075--006

***1050.00 ***1050.00

REINSTATEMENT 97-99 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

MAURO C. SANTOS, ESQ.

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

25 S.E. 2nd Avenue

Suite, Apt. #, Etc.

SUITE 1235

City

MIAMI, FL

State

FL

Zip Code

33131

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

REGISTERED AGENT MUST SIGN

Date

9/15/99

11. Does this corporation pay any intangible tax to the

Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☐

No ☐

(See other side for information
on intangible tax.)

12. 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

Date

Daytime Phone #