PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 96-97 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE
APPROVED AND FILED
97 JUN 19 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # P94000072725

C.T.I. TRADING, CORP.
8160 N.W. GENEVA CT. # A-303
MIAMI - FLORIDA 33166

2. If Address in Block 1 is incorrect in any way, enter the correct address below:
Address
City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:
Address
1470 N.W. 107 AVENUE UNIT "N"
City and State Zip Code
MIAMI - FL 33172

4. Date Incorporated or Qualified To Do Business in Florida: 10/04/94
5. FEI Number: 65-0604687
FEI Number Applied For
FEI Number Not Applicable
6. $8.75 Additional Fee required for a Certificate of Status
CERTIFICATE OF STATUS DESIRED X

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	GERBINO, FRANCISCO J.	8160 N.W. GENEVA CT. APT.A303	MIAMI - FLORIDA 33166

200002221162--5
-06/24/97--01044--001
****923.75 ****923.75

A. Alan 6/19/97

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

FRANCISCO J. GERBINO
8160 N.W. GENEVA CT. APT. A303
MIAMI _ FL 33166

9. If changed, new registered agent / office
Name
Street Address (Do NOT Use P.O. Box Number)
Street Address (Do NOT Use P.O. Box Number)
City State FL. Zip

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 _____ Date 06/10/97
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director _____ Date 06/10/97 Daytime Phone # (305)5948528

Typed or printed name of signing officer or director FRANCISCO J. GERBINO