

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

00 NOV 17 PM 2:23

DOCUMENT # P95000010617

1. Corporation Name

CT GRAPHICS CORPORATION

Principal Place of Business

Mailing Address

3391 W 4TH CT
HIALEAH FL 33012
US

P O BOX 558487
MIAMI FL 33155
US

REINSTATEMENT

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

02/02/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0557185

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. 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
PTD	CAMARGO, ISAAC R	3391 W. 4TH COURT	HIALEAH FL 33012

500003496535--5
-12/12/00--01025--024
****750.00 ****750.00

11/12/11

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TOMPKINS, VALERIE
11601 BISCAYNE BLVD.
#301
MIAMI FL 33181

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Miami

FL

33176

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

Isaac R. Camargo

REGISTERED AGENT MUST SIGN

Date

11/14/2000

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: *Isaac R. Camargo* PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/00 305-378-0964
Date Daytime Phone #