

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 FEB -6 AM 11:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000092367 (8)

1. Corporation Name

C & T Consulting Group of Florida, Inc.

Principal Place of Business

Mailing Address

1300 Executive Center Drive
Suite 403, Kogerama Bldg.
Tallahassee, FL 32301

Same

100002081851--3
-02/07/97--01095--001
****923.75 ****923.75

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

12/05/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|-----------------------------|---|--|---------------------------|
| President Treasurer | Charissa Carter | 1184 Banyan Club Drive | West Palm Beach, FL 33415 |
| Vice President Secretary | Mirela Condoianis | 7848 Alto Caro Street | Dallas, TX 75248 |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT

96-97
A. Alan
2/6/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Charissa Carter
1184 Banyan Club Drive
West Palm Beach, FL 33415

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Charissa Carter

REGISTERED AGENT MUST SIGN

Date 2/05/97

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

Charissa Carter

2/5/97

Date

404.441.4165

Daytime Phone #

CR2040 (12/96)