

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 MAY -9 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PG6000102699**

1. Corporation Name
CTAS INC. CORP.

2. Principal Office Address
7588 BELLA VERDE WAY

Suite, Apt. #, etc.

City & State
DELRAY BEACH

Zip
33446

Country
USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 01-05

4. Date Incorporated or Qualified
To Do Business in Florida **12/20/1996**

5. FEI Number
58-2278764

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
DANIEL BERMAN

Street Address (P.O. Box Number is Not Acceptable)
7588 BELLA VERDE WAY

Suite, Apt. #, Etc.

City
DELRAY BEACH

State Zip Code
FL 33446

100054679221
05/17/05--01055--007 **1350.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	DANIEL BERMAN	7588 BELLA VERDE WAY	DELRAY BEACH, FL 33446
VP	JEFF BERMAN	15 MEADOWOOD LANE	BROOKVILLE, NY 11545
TREAS	SLOAN TICHNER	6 HORSEHILL ROAD	BROOKVILLE, NY 11545

10. 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 #

CR2E081 (01/05)