

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 SEP -5 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

CTC. DEVELOPMENT GROUP, INC

2. Principal Office Address

299 ALHAMBRA CIRCLE

3. Mailing Office Address

Suite, Apt. #, etc.

316

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL.

City & State

Zip

33134

Country

DADE

Zip

33134

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

OCT. 23, 1998

5. FEI Number

65-0871786

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

ELIO M. RODRIGUEZ

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

299 ALHAMBRA CIRCLE

Suite, Apt. #, Etc.

316

City

CORAL GABLES,

State

FL

Zip Code

33134

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 X

REGISTERED AGENT MUST SIGN

Date 09-02-02

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	ELIO M. RODRIGUEZ	299 ALHAMBRA CIRCLE, #316	CORAL GABLES, FL. 33134

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-02-02/305-443-0096

Date

Daytime Phone #

of 8/5/02