PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

FILED
02 SEP 23 PM 3:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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****600.00 ****600.00

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******8.75 ******8.75

CORPORATION REINSTATEMENT

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

DOCUMENT # P98000096415

1. Corporation Name
CTC BUSINESS SOLUTIONS, INC

2. Principal Office Address	3. Mailing Office Address
8456 LEGEND CLUB DR.	SAME AS #2
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: W. PALM BEACH, FL	City & State
Zip: 33412 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/11/98

5. FEI Number: 65-0875849 ☐ 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: CRAIG CUDEN

Street Address (P.O. Box Number is Not Acceptable): 8456 LEGEND CLUB DRIVE

Suite, Apt. #, Etc.:

City: W. PALM BEACH State: FL Zip Code: 33412

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: Craig T. Cuden Date: 9/20/02
REGISTERED AGENT MUST SIGN

(1/01) CR2E035

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/TREAS.	CRAIG T. CUDEN	8456 LEGEND CLUB DR. ~~W. PALM BEACH~~	W. PALM BEACH, FL
DIR.	CRAIG T. CUDEN	SAME ADDRESS	33412

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: Craig T Cuden CRAIG T. CUDEN 9/20/02 (561) 775-7014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gs 9/24/02

JEFF R. PEARLMAN
CERTIFIED PUBLIC ACCOUNTANT

224 WEST 30th ST. SUITE # 701
NEW YORK, NY 10001
TEL (212) 714-9585, FAX (212) 714-1071

September 19, 2002

Florida Dept. of State
Division of Corporation
409 East Gains St.
Tallahassee, FL 32399

Re: Reinstatement of CTC Business Solutions, Inc.

Gentlemen:

Please be advised that the above corporation never received its annual report. Apparently, the papers were mailed to the wrong address. The correct address is:

8456 Legend Club Dr.
West Palm Beach, FL 33412

The company has been at this location for the past 4 years. Please adjust your records accordingly.

Sincerely,

Jeff Pearlman

Encl.