

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 18 AM 9:53

DOCUMENT # **P99000005509**

1. Corporation Name

FTIC, INC.

2. Principal Office Address

4054 Sawyer Road

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 25368

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34233

Country

Zip

34277

Country

REINSTATEMENT 05-06
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

1/19/99

5. FEI Number

650900154

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

Gregory Zitani

900064415639

01/25/06--01005--002 **601.00

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

4046 Sawyer Road, Suite D

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34233

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

Gregory Zitani

REGISTERED AGENT MUST SIGN

Date

1/11/06

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
D	Gary Kompothecras	4054 Sawyer Road	Sarasota, FL 34233

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 contained in Chapter 119, 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

Gary Kompothecras

Date

1/11/06

Daytime Phone #

941-552-1189

2 of 2

AGNES, BARAK & ZITANI, CHARTERED
ATTORNEYS AT LAW

GREGORY A. ZITANI
ANTHONY D. BARAK
PHILIP AGNES

January 11, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32301

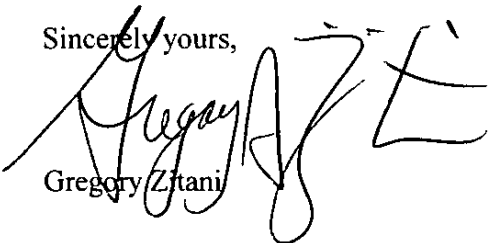
RE: FTIC, Inc. - Reinstatement Application

Dear Sir or Madam:

Enclosed please find the application for my client FTIC, Inc., along with a check in the amount of \$600.00, which represents the annual report fee and supplemental fee for 2003-2006. My client has informed me that they never received the annual report notice in 2003. Therefore, we are requesting that the reinstatement fee be waived.

If you have any questions or concerns, please do not hesitate to contact me. Thank you for your attention to this matter.

Sincerely yours,


Gregory Zitani