

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

03 FEB 21 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000076996

1. Corporation Name

CBT Associates, Inc.
2151 NW 79 Avenue
Miami FL 33126

REINSTATEMENT 02-03

000012974070
02/21/03--01112--014 **900.00

2. Principal Office Address

2151 NW 79 Ave.

3. Mailing Office Address

2151 NW 79 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33126

Country

USA

Zip

33126

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8-25-99

5. FEI Number

65-0947412

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

Henry Cadena

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

2151 NW 79th Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33126

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 2-10-03

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
PD	Henry Cadena	2151 NW 79 Ave, Miami FL	Miami FL 33126
TD	Mauricio Tello	2151 NW 79 Ave.	Miami FL 33126
S	Ligia Cadena	2151 NW 79 Ave.	Miami FL 33126

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] Henry Cadena
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-03 (305)599-0059

Date

Daytime Phone #

CR2E081 (9/01)