

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN -7 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000079770

1. Corporation Name

CTI SOLUTIONS, INC.

000009885010
01/06/03--01100--007 **150.00



Principal Place of Business

8501 NW 8 STREET #101
MIAMI FL 33126

Mailing Address

8501 NW 8 STREET #101
MIAMI FL 33126

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/08/1999

5. FEI Number

65-0952465

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GARCIA, CARLOS	8501 NW 8 STREET #101	MIAMI FL 33126

8. Name and Address of Current Registered Agent

GARCIA, CARLOS
8501 NW 8 STREET #101
MIAMI FL 33126

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN
CARLOS GARCIA

Date 12/28/02

11. 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]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CARLOS GARCIA

Date 12/28/02
Daytime Phone #

CR2040 (8/02)

CIT SOLUTIONS, INC.
8501 NW 8 STREET # 101
MIAMI, FLORIDA 33126

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
409 EAST GAINES STREET
TALLAHASSEE, FLORIDA 32399

RE: REINSTATEMENT- 2002

DEAR SIR :

AS PER CONVERSATION WITH YOUR DEPARTMENT , ENCLOSED PLEASE FIND
APPLICATION FOR REINSTATEMENT AND CHECK FOR \$ 150.00.

I DID NOT RECEIVE ANY OF THE APPLICATIONS FOR SAME AND WAS NOT
AWARE OF THEM, KINDLY DO NOT CHARGE ME ANY PENALTIES, FROM NOW ON
I AM AWARE OF SAME AND WILL OBTAIN THEM EVEN IF NOT RECEIVED.

THANK YOU

SINCERELY YOURS



CARLOS GARCIA / PRESIDENT