

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 20 PM 4:01

DOCUMENT # P99000085223

1. Corporation Name

C.T.C. FINANCIAL & INVESTMENT GROUP, INC.

2. Principal Office Address

2455 HOLLYWOOD BLVD

3. Mailing Office Address

2455 HOLLYWOOD BLVD

Suite, Apt. #, etc.

#106

Suite, Apt. #, etc.

#106

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

Zip

33020

Country

BROWARD

Zip

33020

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

9/27/1999

5. FEI Number

65-0951093

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

ORLANDO M. GONZÁLEZ

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

6513 COLUMBIA AVE.

Suite, Apt. #, Etc.

City

LAKE WORTH

600005600158--7

05/23/02-01009-020

***1050.00 ***1050.00

State
FL

Zip Code

33467

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

Orlando M. Gonzalez

REGISTERED AGENT MUST SIGN

Date 5/7/2002

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.	ORLANDO M. GONZÁLEZ	6513 COLUMBIA AVE. LAKE WORTH, FL 33467	
V-PRES	WENDY C. GONZÁLEZ	6513 COLUMBIA AVE.	LAKE WORTH, FL 33467
SEC.	JUANITA BOLTON	942 NE 199 ST., #301	N. MIAMI, FL 33179
MGR	LEO BOLTON	1960 SW 48 AVE.	HOLLYWOOD, FL 33023

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:

Wendy C. Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WENDY C. GONZÁLEZ 5/7/2002 453.1128

Date

Daytime Phone #

CR2E081 (9/01)