

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 24 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000085223**

1. Corporation Name

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

2. Principal Office Address

2500 QUANTUM LAKES DR.

Suite, Apt. #, etc.

203

City & State

BOYNTON BCH., FL

Zip

33426

Country

PALM BCH.

3. Mailing Office Address

2500 QUANTUM LAKES DR.

Suite, Apt. #, etc.

203

City & State

BOYNTON BCH., FL

Zip

33426

Country

PALM BCH.

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

9/27/1999

5. FEI Number

05-0951093

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. GONZALEZ

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

**600024950466
6513 COLUMBIA AVE.**

Suite, Apt. #, Etc.

City

LAKE WORTH

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 **11-18-03**

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
P	ORLANDO M. GONZALEZ	6513 COLUMBIA AVE.	LAKE WORTH, FL 33467
VP	WENDY C. GONZALEZ	6513 COLUMBIA AVE.	LAKE WORTH, FL 33467
S	JUANITA BOLTON	942 NE 199 ST., #301	N. MIAMI, FL 33169

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:

Orlando M. Gonzalez **ORLANDO M. GONZALEZ** 11-18-03 561-853-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **3147**

CR2E081 (10/02)