

3001082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 23 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000086343**

1. Corporation Name

ICTP Signs, Inc.

2. Principal Office Address

1236 27th St SW

Suite, Apt. #, etc.

City & State

Naples FL

Zip

34117

Country

USA

3. Mailing Office Address

1236 27th St SW

Suite, Apt. #, etc.

City & State

Naples FL

Zip

34117

Country

USA

REINSTATEMENT

83-04

4. Date Incorporated or Qualified
To Do Business in Florida

10-1-1995

5. FEI Number

65-0949644

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

William Valdes

400038193374

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

1236 27th St SW

06/23/04--01040--003 **300.00

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34117

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

X

Date **6/18/04**

REGISTERED AGENT MUST SIGN

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/Off	William Valdes	1236 27th St SW	Naples FL 34117

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:

X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

X **6/18/04**

Daytime Phone #

CR2E081 (01/04)

6

2082

CTP Signs, Inc.
1236 27th Street SW
Naples, FL 34117

June 17th, 2004

Dept of State
Division of Corp
PO Box 6327
Tallahassee, FL 32314

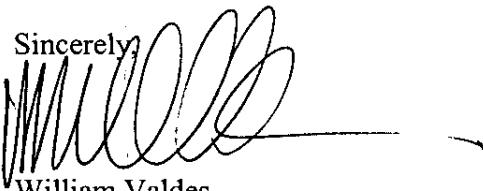
RE: Corporation admin dissolution for annual report

Dear DOS:

It was brought to our attention recently that our Corporation was dissolved for non filing of UBR.. We never received the UBR form to file the report. We went online and downloaded the form to request reinstatement. Our address changed and we never received notice.

We are enclosing a check in the amount of \$300.00, fee for 2003 and 2004. Please accept this payment and consider waving the reinstatement fee off \$600 under these circumstances.

Sincerely,



William Valdes
President
CTP Signs, Inc.