

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

13000118418

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L13000118418

1. Limited Liability Company's Name
CT HOLDING, LLC

500370300255

2. Principal Office Address - No P.O. Box #

201 ALHAMBRA CIR

Suite, Apt. #, etc

STE 600

City & State

CORAL GABLES, FL

Zip

33134

Country

United States

3. Mailing Office Address

201 ALHAMBRA CIR

Suite, Apt. #, etc.

STE 600

City & State

CORAL GABLES, FL

Zip

33134

Country

United States

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 08/19/2013

6. FEI Number

41-2282637

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name

AVALON INCORPORATORS LLC

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

999 BRICKELL AVE

Apt. #, Etc

STE 600

City

MIAMI

State

FL

Zip Code

33130

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent

Ashley Goldsmith, Attorney-in-Fact

Date 7/19/2021

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	GUILLERMO J SARRIA FARIA	2688 Edgewater Court	Weston, FL 33332

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

7/19/2021

Daytime Phone #

Typed or printed name of signing authorized representative/member

Ashley Goldsmith, Attorney-in-Fact

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312
(850) 656-4724

DATE 07/20/2021

First
1-2 filing. This is ~~second~~.

****WALK IN****

ENTITY NAME CT HOLDING, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

2

XXXXX

Plain Copy
Certified Copy
Certificate of Status

RECEIVED
2021 JUL 20 PM 11:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments
Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ upto 1,000⁰⁰
516.25

ACCOUNT #: I20160000072
S. R. J. M.

Please call Tina at the above number for any issues or concerns. Thank you so much!