PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 AUG -6 AM 9:20
DOCUMENT # N94 000 000 864  1. Corporation Name  Central Florida Business Travel Association		SECRETARY OF STATE TALEAHASSEE: FEORIDA
		nt.
2. Principal Office Address 3208 C East Colonial Dr. 3208 C East Colonial Dr.		EINSTATEMENT OF
Suite, Apt. #, etc. Suite, Apt.	#, etc.	CIMO I WE PRESENTED
	193	4. Date Incorporated or Qualified To Do Business in Florida
City & State City & Stat	The second of th	\alpha 117194
	ando, FL	Applied For  Not Applicable
32803   Country   Zip   328	303 Country USA	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
	Name and Address of Current Registere	······································
Name BECKY DARLINGTON -08/21/0101077012 Street Address (P.O. Box Number is Not Acceptable) RECOTON CORPORATION 2950 LAKE EMMA ROAD		
Suite, Apt. #, Etc. 420-00 - Adm		
LAKE MARY	61.25-Ae	State Zip Code FL 32746
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 REGISTERED AGENT MUST SIGN  Date		
9. Names and Street Addresses of Each Officer and/or Director (I	and the second s	est 3 directors)
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P-D Nadine Langston	20 N. Orange Ave.	#200 Orlando, FL 32801
V-D Sue Behnke	200 S. Orange Ave	$\alpha$ $\mu$ $\alpha$ $\alpha$ $\alpha$ $\alpha$ $\alpha$ $\alpha$
V-D Vicki Jaramillo	One Airport Boule	tion Authority Vard Orlando, F132827
5-D Becky Darlington	Recoton Corporation 2950 LAKE Emma Veritas Software	on I
T-D Rhonda Rosa	Veritas Software ( 400 International f	Corp.
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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 filling 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.