

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

197

**LIMITED LIABILITY COMPANY REINSTATEMENT**  
**UBR**



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

FILED

01 NOV -9 PM 12:17  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # M00000001711**

1. Limited Liability Company's Name  
**CTFLO, LLC**

2. Principal Office Address  
**4675 S. Orange Blossom Trail**  
 Suite, Apt. #, etc.  
**SUITE 101**  
 City & State  
**Orlando, FL**  
 Zip  
**32839** Country  
**USA**

3. Mailing Office Address  
**214 S. Rock Road**  
 Suite, Apt. #, etc.  
**Suite 101**  
 City & State  
**Wichita, Ks**  
 Zip  
**67207** Country  
**USA**

4. State/Country of Formation  
**Kansas USA**

5. Date Organized or Qualified To Do Business in Florida  
**August 23, 2000**

6. FEI Number  
**48-1226651** Applied For  
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED  **\$500 Additional Fee required for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name  
**CT Corporation**

Street Address (P.O. Box Number is Not Acceptable)  
**660 East Jefferson Street**

Suite, Apt. #, Etc.

City  
**Tallahassee**

State  
**FL**

Zip Code  
**32301**

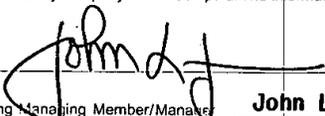
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent  **J.L. MILES** Date **10-26-01**  
 REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Managing Member	Wilson Enterprises, Inc	214 S Rock Road Ste 101	Wichita, Ks 67207

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of Managing Member/Manager  Date **10/16/01** Daytime Phone # **(316) 686-6116**  
 Typed or printed name of signing Managing Member/Manager **John L. Jones**

CR2E041 (9/01)