

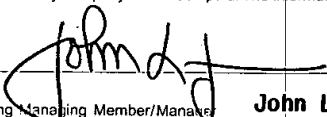


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LIABILITY COMPANY REINSTATEMENT UBR		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M00000001711		FILED 01 NOV -9 PM 12:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Limited Liability Company's Name CTFLO, LLC			
2. Principal Office Address 4675 S. Orange Blossom Trail		3. Mailing Office Address 214 S. Rock Road	
Suite, Apt. #, etc. SUITE 101		Suite, Apt. #, etc. Suite 101	
City & State Orlando, FL		City & State Wichita, Ks	
Zip 32839	Country USA	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		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 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. SUITE 101			
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 		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	
Typed or printed name of signing Managing Member/Manager John L. Jones		Daytime Phone # (316) 686-6116	

CR2E041 (9/01)