

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 OCT -4 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 569461**

1. Corporation Name

**C.T. Associates, Inc.**

**REINSTATEMENT 01-05**

2. Principal Office Address  
c/o: G. David Jones  
322 East Central Blvd.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt. #2202

Same

City & State

City & State

Orlando, FL

Same

Zip

Country

Zip

Country

32801

USA

Same

Same

4. Date Incorporated or Qualified  
To Do Business In Florida

4/20/1978

5. FEI Number

59-1818205

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

G. David Jones

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

322 East Central Blvd.

Suite, Apt. #, Etc.

Apt. # 2202

City

Orlando

State

FL

Zip Code

32801

200060195232  
10/04/05--01007--007 \*\*\*158.75

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

*G. David Jones*

REGISTERED AGENT MUST SIGN

Date 9-8-05

**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
D Pres.	G. David Jones	322 East Central Blvd. Apt. # 2202	Orlando, FL 32801
		<i>PR 10/4</i>	

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: *G. David Jones*

G. David Jones

9-8-05

(407)426-0591

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)