PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

99 APR 30 PM 2:58

DOCUMENT # 740985

1. Corporation Name

Central Florida Tax Roundtable, Inc.

Principal Place of Business	Mailing Address
230 Lookout Place Maitland, Florida 32794	

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 97-99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
390 N. Orange Ave.	390 N. Orange Ave.
Suite, Apt. #, etc.: 800	Suite, Apt. #, etc.: 800
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32801 Country: U.S.A.	Zip: 32801 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business In Florida: 12/8/77

5. FEI Number: Applied For [X] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [ ] **$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Bradley J. Davis	200 S. Orange Ave. #1220	Orlando, FL 32801
D	John G. DeLancett	390 N. Orange Ave. #800	Orlando, FL 32801
D	Linda Parks	2600 Maitland Ctr. Pkwy	Maitland, FL 32751
D	Jerome McCauley	1407 E. Robinson Street	Orlando, FL 32801

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****358.75 ****358.75

8. Name and Address of Current Registered Agent

James McNabb
230 Lookout Place
Maitland, FL 32794

9. Name and Address of New Registered Agent

Name: John G. DeLancett
Street Address (P.O. Box Number is Not Acceptable): 390 N. Orange Avenue
Suite, Apt. #, Etc.: 800
City: Orlando State: FL Zip Code: 32801

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: John G. DeLancett REGISTERED AGENT MUST SIGN

Date: 4/29/99

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X]

(See other side for information on intangible tax.)

12. 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: John G. DeLancett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99
Date

407-425-3591
Daytime Phone #