

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

09 JUN 11 AM 10:07

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000000466

1. Corporation Name
COTR, Inc.

2. Principal Office Address - No P.O. Box

101 Old Stone Bridge

Suite, Apt. #, etc.

City & State

Goodlettsville, TN

Zip

37072

Country

USA

3. Mailing Office Address

101 Old Stone Bridge

Suite, Apt. #, etc.

City & State

Goodlettsville, TN

Zip

37072

Country

USA

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

95-4752572

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

C T Corporation System

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

1200 South Pine Island Rd.

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Terence Hardley Asst. SecretaryDate 6/10/09

REGISTERED AGENT MUST SIGN

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
VP Controller	Don Borchert	101 Old Stone Bridge	Goodlettsville, TN 37072
CFO	Scott Mahosky	101 Old Stone Bridge	Goodlettsville, TN 37072
CEO	Jerry Bowe	101 Old Stone Bridge	Goodlettsville, TN 37072

REINSTATEMENT

RH

600157043016

06/11/09--01055--017 **1058 75

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 contained in Chapter 119, 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:

Don Borchert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-09

Date

615-851-8378

Daytime Phone #