

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F99000000226**

1. Corporation Name

CTR SYSTEMS, INC.

Principal Place of Business

555 KEYSTONE DRIVE
WARRENDALE PA 15086

Mailing Address

555 KEYSTONE DRIVE
WARRENDALE PA 15086

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
01 NOV 21 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4. Date Incorporated or Qualified
To Do Business in Florida

01/13/1999

5. FEI Number

25-1204960

Applied For

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DUFFY, DANIEL L	555 KEYSTONE DRIVE	WARRENDALE PA 15086
PD	DUFFY, DRU	555 KEYSTONE DRIVE	WARRENDALE PA 15086
V	DUFFY, DAVID	555 KEYSTONE DRIVE	WARRENDALE PA 15086
S	DUFFY, DENNIS	555 KEYSTONE DRIVE	WARRENDALE PA 15086
TD	DUFFY, DOUGLAS	555 KEYSTONE DRIVE	WARRENDALE PA 15086

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. **580004705715-8**
City **FL**
Date **12/05/01**
Fees **158.75**

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

SIGNATURE REQUIRED
PETER F. SOUZA
ASSISTANT SECRETARY

Date

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/29/01 (724) 772-2400