PLEASE READ ALL INSTUCTIONS BEFORE COMPLETING THIS PORMYED FLORIDA EPARTMENT OF STATE

APPLICATION FOR (REINSTATEMENT

Sadra B. Mortham Seetary of State DIVISIOOF CORPORATIONS

K91508

1. Corporation Name

DOCUMENT #

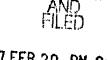
CENTRAL FLORIDA ELECTRONIC TESTING, NC.

Mailing Address

170 LYMAN RD. SUITE 100

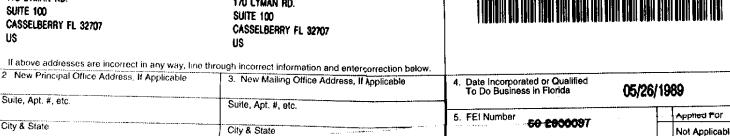
Principal Place of Business

170 LYMAN RD. SUITE 100



97 FEB 20 PM 3: 56

ECRETARY OF STATE LLAHASSEE, FLORIDA



Suite, Apt. #, etc. Suite, Apt. City & State City & State				Suite, Apt. #, etc.			10 Do Business in Florida (3)/20/ 1908		
			Sune, Apt. i				mber	Applied For	
			entry consequences			50 280003 7	Not Applicable		
Z ip	c	ountry	Zip		Country	6. CERTIFI	ICATE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addres	sses of Each Office	er and/or Director (FI	orida nonpro	fit corporations must I	ist at least 3 directors	s)	Telleman Table and the second and th	
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box No		of Each Director ce Box Numbers)	c	ity / State / Zip	
٧	RAINALDI, F. PAUL JR			4323 GABRIELLA LN			WINTER PARK FL	WINTER PARK FL	
P	SMITH, LARRY			501 SWEETWATER BLVD., NO.			LONGWOOD FL		
s/ _T				501 Sweetwaker Blood N.			LONGWOOD,	<u> </u>	
,									
•				REINSTATEMENT 91-97					
.*					*****			William Objects	
8. Name and Address of Current Registered Age				l ent	T	9. Name a	ınd Address of New Regis	tered Agent	
RAINA	ALDI, F. PAUL J				Name			······································	
6115 OLD CHENEY HWY ORLANDO FL 32807					Street Address (P.O. Box Number - No. 14 - 3 - 02/25/97 - 01070 - 010				
UNLAMBU FL 3200/					Sulte, Apt. #, Etc. ************************************				

	Name		
RAINALDI, F. PAUL JR	Street Address (P.O. Box Number le Not Acceptation		
6115 OLD CHENEY HWY			
ORLANDO FL 32807	Suite, Apt. #, Etc. 非非非常		

City

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 ,

REGISTERED AGENT MUST SIGN Does this corporation pay any intangible tax to the

(See other side for information on intangible tax.)

State Zip Code

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:

Dept. of Revenue under S. 199.032, Florida Statutes.