PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham FOB Secretary of State REINSTATEMENT FILED DIVISION OF CORPORATIONS DOCUMENT #L3 3403 98 AUG 10 PM 1: 26 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA CTI, Inc. Principal Place of Business Mailing Address 1218 U.S. Highway 27 S. Lake Wales, Florida 33853 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Malling Office Address, If Applicable 1218 U.S. Hwy 27 S. 2. New Principal Office Address, If Applicable Date Incorporated or Qualified
To Do Business in Florida 1218 U.S. Hwy. 27 S. 11/30/89 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State 65-0159573 City & State Not Applicable Lake Wales, FL 33853 Lake Wales, FL \$8.75 Additional Fee required for a Certificate of Status Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) and/or Directors /S/T/D 1218 U.S. Highway 27 S. Lake Wales, FL Charles P. Welborn, Jr. 33853 00000261**64**90---08/14/98--01064--005 ****900.00 ****900.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Gerald W. Smith Charles P. Welborn, Jr. Street Address (P.O. Box Number is Not Acceptable) 1218 U.S. Highway 27 S. 4922 18th Street E. Bradenton, FL 34203 Suite, Apt. #, Etc. City Lake Wales, State Zip Code 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 11. This corporation owes or has paid the current year (See other side for information Intangible Personal Property tax due June 30. Yes 🗀 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. 8/6/98 941-676-1110

NTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: