

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N03000005269**

**1. Corporation Name**

Central Florida TESTA Inc.

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

8297 Championsgate Blvd.

Suite, Apt. #, etc.

#199

City & State

Championsgate, FL.

Zip

33896

Country

USA

**3. Mailing Office Address**

8297 Championsgate Blvd.

Suite, Apt. #, etc.

#199

City & State

Championsgate, FL.

Zip

33896

Country

USA

**7. Name and Address of Current Registered Agent**

Name

Daniel J Wikiera

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

1130 Nicki Ridge Ct.

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34747

**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

Date 2/15/2009

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
P	Pat Ryan	8297 Championsgate Blvd. #199	Championsgate, FL. 33896
VP	Ray Hooker	8297 Championsgate Blvd. #199	Championsgate, FL. 33896
T	Daniel Wikiera	8297 Championsgate Blvd. #199	Championsgate, FL. 33896
D	Frank Pitman	8297 Championsgate Blvd. #199	Championsgate, FL. 33896
D	Frank Eckert	8297 Championsgate Blvd. #199	Championsgate, FL. 33896
D	Wes Eldridge	8297 Championsgate Blvd. #199	Championsgate, FL. 33896

**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:**

Daniel J Wikiera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/2009

Date

407-787-5625

Daytime Phone #

**FILED**

09 FEB 27 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500144617485  
02/27/09--01034--008 \*\*192.50

**REINSTATEMENT**

07-09

**4. Date Incorporated or Qualified  
To Do Business in Florida**

6/19/2003

**5. FEI Number**  
42-1596331

☐ Applied For

☐ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☒ 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.

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