

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



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

00 SEPT 5 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 03086

1. Corporation Name

COMMUNICATIONS TEST DESIGN INC

2. Principal Office Address

1373 ENTERPRISE DR

3. Mailing Office Address

1373 ENTERPRISE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST CHESTER PA

City & State

WEST CHESTER PA

Zip

19380

Country

Zip

19380

Country

REINSTATEMENT 96-00

4. Date Incorporated or Qualified
To Do Business in Florida

8/20/84

5. FEI Number

23-2015935

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LAWRENCE E MORGAN

000003417670-1

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

4825 EXECUTIVE PARK CT

-10/06/00--01127--014

***1350.00 ***1350.00

Suite, Apt. #, Etc.

SUITE 103

City

JACKSONVILLE

State
FL

Zip Code

32216

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

Lawrence E. Morgan

Date 8/31/00

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
PD	GERALD J. PARSONS	47 COLLINS MILL RD.	CHESTER SPRINGS PA 19425
VD	LEO PARSONS	12 MOONEY RD	CHESTER SPRINGS PA 19425
SD	ELEANOR PARSONS	47 COLLINS MILL RD	CHESTER SPRINGS PA 19425

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 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: *Gerald J. Parsons* GERALD J. PARSONS 8/31/00 610.436.5203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #