

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 MAY -1 AM 10:40

DOCUMENT # P93000040171

1. Corporation Name

GTN, CORP

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

421 SE 13<sup>th</sup> COURT

Suite, Apt. #, etc.

3. Mailing Office Address

1396 HAVELock DRIVE

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

Zip

33441

Country

USA

City & State

SPRING, TX

Zip

77386

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06/01/1993

5. FEI Number

65-0418956

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

William Eric Ottenus

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

421 SE 13<sup>th</sup> COURT

Suite, Apt. #, Etc.

City

DEERFIELD BEACH,

State

FL

Zip Code

33441

☒ 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.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date April 9, 2009

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
<u>P/D</u>	<u>William Eric Ottenus</u>	<u>421 SE 13<sup>th</sup> COURT</u>	<u>DEERFIELD BEACH, FL</u> <u>33441</u>

REINSTATEMENT 04-09KS

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:

[Signature] William Eric Ottenus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/09/09

Date

832-623-  
3795

Daytime Phone #