

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

1998 MAR 10 PM 1:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

P94000007391

1 Corporation Name

C.T.T.T. OF ORLANDO, INC.

Principal Place of Business

2665 South Bayshore Drive  
Suite 904  
Miami, Florida 33133

Mailing Address

Same

REINSTATEMENT

97-980  
10/12/98  
3/11/98

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, if Applicable

3250 Mary Street

Suite, Apt. #, etc.

Suite 203

City & State

Miami, Florida 33133

Zip

Country

3 New Mailing Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4 Date Incorporated or Qualified  
To Do Business in Florida

1/31/94

5. FEI Number

65-0483358

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nongovernmental corporations must list at least 3 directors)

1 Title(s)	2 Name of Officer and/or Director	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSD	Bradley A. Weiser	3250 Mary Street, Suite 203	Miami, Florida 33133
D	Warren Weiser	3250 Mary Street, Suite 203	Miami, Florida 33133
D	Douglas Weiser	3250 Mary Street, Suite 203	Miami, Florida 33133
			300002456723-9 -03/13/98--01072--002 ***900.00 ***900.00

8. Name and Address of Current Registered Agent

Richard E. Schatz  
c/o Stearns Weaver Miller  
150 West Flagler Street, Suite 2200  
Miami, Florida 33130

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0506, F.S.

Signature of Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.57(3)(a), Florida Statutes. I request the Division of Corporations to remove any liability of non-compliance with Section 119.57(3)(a) in the event that the information furnished is discovered exempt from public access. 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., and that all fees owed by the corporation have been paid. 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]* Bradley A. Weiser President 3/11/98 (305) 461-2228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #