

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAR 31 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000047269

**1. Corporation Name**

Certified Testing Laboratories-Architectural, Inc.

**2. Principal Office Address**

7252 Narcoossee Road

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32822

Country

US

**3. Mailing Office Address**

7252 Narcoossee Road

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32822

Country

US

**REINSTATEMENT**

0203

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

June 20, 1994

**5. FEI Number**

59-3257140

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

Judy M. Blakely

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

13942 Lamont Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32832

**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

*Judy M. Blakely*  
REGISTERED AGENT MUST SIGN

Date March 26, 2003

**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
D	Tracy Blakely	14405 Fresno Drive	Orlando, Florida 32832
VP	James Blakely	5465 Lake Margaret Drive, Unit F	Orlando, Florida 32812
P	William Blakely	13942 Lamont Drive	Orlando, Florida 32832
T	Judy Blakely	13942 Lamont Drive	Orlando, Florida 32832
S	Dawn Ballantyne	14051 Marine Court	Orlando, Florida 32832

**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:

*Judy Blakely*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judy Blakely

3/26/03

Date

(407) 740-5005

Daytime Phone #

CR2E081 (10/02)