PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORMER FLORIDA DEPARTMENT OF STATE **APPLICATION**

FOR REINSTATEMENT



Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

97 NOV 10 PM 12: 05

FILED.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P96000053585

1. Corporation Name

CLINITEL TOTAL NETWORK INC

SUNT	EL 1017	AT INETAAC	AN, INC.						
Principal Place of Business 127 NO MAGNOLIA AVENUE ORLANDO FL 32801			127 NO MAG	Mailing Address 127 NO MAGNOLIA AVENUE ORLANDO FL 32801					
	incipal Office	incorrect in any w Address, If Applica	able 3. New Maili	rough incorrect information and enter correction below. 3. New Malling Office Address, If Applicable Suite, Apt. #, etc. City & State			4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number S9-3385639 Applied For Not Applicable		
Zip		Country	Zip		Country		6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status		
7. Names Title(s)	2	Name of C and/or Di		3 (Do	St O TON c	treet Address of Each Officer and/or Director Use Post Office Box N	Numbers) Ane Ord	4	
					```		P	*****758.75	*****7\$8.7\$
8. Name and Address of Current Registered Age KIRKWOOD, RICHARD J 127 NO MAGNOLIA AVENUE ORLANDO FL 32801				Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  State   Zip Code					
10. I, being Signature o Registered		WWW.	not the above named corpo			<u> </u>	bligations of Section	on 607.0505, F.S.	7
			es or has paid the Property tax due			ear Yes 🔲	No 🗵		side for information tangible tax.)

12. 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!

SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-872-0470 Daytimo Phone #