

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 13 PM 6:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 99700008457

1. Corporation Name

CTI of WEST VIRGINIA, INC.

2. Principal Office Address

C/O ANDREW M. O'MALLEY, JR.
712 SOUTH OREGON AVE

Suite, Apt. #, etc.

City & State

TAMPA, FL 33606

Zip

Country

3. Mailing Office Address

C/O ULRICH KLAMM, P.L.C.

Suite, Apt. #, etc.

P.O. BOX 2634

City & State

NEW YORK, N.Y. 10108

Zip

Country

10108

USA

REINSTATEMENT

01-04

4. Date Incorporated or Qualified
To Do Business in Florida

1/23/1997

5. FEI Number

650740893

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANDREW M. O'MALLEY, JR. / CAREY, O'MALLEY & ASSOCIATES

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

712 SOUTH OREGON AVENUE

Suite, Apt. #, Etc.

City

TAMPA

700037287177

05/25/04 01010 014 **1200.00

700037287177

05/25/04 01010 013 **8.75

FL 33606

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

5/11/04

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>PRES & SEC.</u>	<u>ULRICH KLAMM, P.L.C.</u>	<u>PAYE HILL ROAD P.O. BOX 339</u>	<u>UNION DALE, PA 18470</u>

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:

ULRICH KLAMM P.L.C. PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/10/04 (917) 318-4716
Date Daytime Phone #

CR2E081 (10/02)