

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P97000059738
1. Corporation Name

CTLLC Acquisition Corp.

Principal Place of Business
9351 Grant Street
Denver, CO 80229

Mailing Address
1633 Broadway, New York, NY
10019
1633 Broadway

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip Country

FILED

99 SEP -1 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
800002982858--1
-09/09/99--01074--006
****350.00 ****350.00
DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida 7/9/97

5. FEI Number 84-1479973

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City/State/Zip
D	Stuart W. Fuhlendorf	9351 Grant Street	Denver, CO 80229
D	August P. Bruehlman	9351 Grant Street	Denver, CO 80229

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****558.75 ****558.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

C T Corporation System
1200 South Pine Island Road
Plantation, FL 33324

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, do hereby accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Connie B... SPECIAL ASSISTANT SECRETARY Date 9/1/99
REGISTERED AGENT MUST SIGN

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 119.07(3) (k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed 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: Stuart Fuhlendorf 8/31/99 1212-539-12325
SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR Date Daytime Phone #