

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 NOV 13 AM 8:01

**DOCUMENT #** P97000059738

**1. Corporation Name**  
CTLLC Acquisition Corp.

**2. Principal Office Address**  
2501 W. Grandview Road  
Suite, Apt. #, etc.

**3. Mailing Office Address**  
2501 W. Grandview Road  
Suite, Apt. #, etc.

**City & State**  
Phoenix, AZ

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Phoenix, AZ

**Zip Country**  
85023 USA

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85023 USA

**REINSTATEMENT** 00-01

**4. Date Incorporated or Qualified To Do Business in Florida** 07/09/97

**5. FEI Number** 84-1473973  
**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**

CT Corporation System

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

1200 S. Pine Island Road

**Suite, Apt. #, Etc.**

**City**

Plantation

**State**

FL

**Zip Code**

33324

**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** Hiedi M. Olesch, Special Asst. Secy.  
REGISTERED AGENT MUST SIGN

**Date** 11/12/01

**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
PR DIR	James K. Bass	2501 W. Grandview Road	Phoenix, AZ 85023
VP/SEC/TREAS DIR	Peter W. Harper	2501 W. Grandview Road	Phoenix, AZ 85023

**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:**

Peter W. Harper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

11/6/01

**Daytime Phone #**

602-282-3201