

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
DIVISION OF CORPORATIONS

01 NOV 30 PM 4:00

DOCUMENT # **P98000003145**

1. Corporation Name

CTB, INC.

300004721123--7
-12/12/01--01075--012
****750.00 ****750.00

2. Principal Office Address

151 REGIONS WAY

Suite, Apt. #, etc.

SUITE # 2-A

City & State

DESTIN FL

Zip

32541

Country

OKLAHOMA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

01

4. Date Incorporated or Qualified
To Do Business in Florida

1/9/98

5. FEI Number

59-3485148

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

MICHAEL E. BALZER

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

567 OAK ESCADA

Suite, Apt. #, Etc.

City

SANTA ROSA BEACH

State

FL

Zip Code

32459

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

Michael E. Balzer

Date

11/27/01

REGISTERED AGENT MUST SIGN

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

Titles	Names of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D.P.	MICHAEL E. BALZER	567 OAK ESCADA	SANTA ROSA BEACH FL 32459
D.S.	THOMAS C. OSBOURNE	227 HEARTHURST AVE NW	DEWB FL 32549
			AD

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:

Thomas C. Osborne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/27/01
Date

(850) 937-6100
Daytime Phone #