

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -7 AM 8:34

DOCUMENT # P98000019644

1. Corporation Name

CDCT Osborne, Inc.

2. Principal Office Address
1920 E. Hillsborough Ave.

3. Mailing Office Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa FL

City & State

Zip 33610 Country U.S.A.

Zip Country

REINSTATEMENT

00-03

4. Date Incorporated or Qualified
To Do Business in Florida March 2, 1998

5. FEI Number 59-3552618

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Chloe Coney

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

Suite, Apt. #, Etc.
1920 E. Hillsborough Avenue

City Tampa

State
FL

Zip Code 33610

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

Chloe Coney
REGISTERED AGENT MUST SIGN

Date 4/28/2003

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
D	Coney, Chloe.	1920 E. Hillsborough Ave.	Tampa, FL 33610
D	Cannon, Samuel.	1920 E. Hillsborough Ave.	Tampa, FL 33610
D	Ogburn, David.	1920 E. Hillsborough Ave.	Tampa, FL 33610

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:

Chloe Coney 813-232-14194 / 28/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (10/02)

5/15
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