H04000170716 3

FILED
04 AUG 20 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000096415

1. Corporation Name
CTC BUSINESS SOLUTIONS, INC.

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
8456 LEGEND CLUB DR.	8456 LEGEND CLUB DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST PALM BEACH, FL	City & State: WEST PALM BEACH, FL
Zip: 33412 County: US	Zip: 33412 County: US

4. Date Incorporated or Qualified To Do Business in Florida: 11/17/98

5. FEI Number: 65-087-5849 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED $8.75 Additional fee required

7. Name and Address of Current Registered Agent

Name: CRAIG CUDEN
Street Address (P.O. Box Number is Not Acceptable): 8456 LEGEND CLUB DR.
Suite, Apt. #, Etc.:
City: WEST PALM BEACH State: FL Zip Code: 33412

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: Craig T. Cuden Date: 8/17/04
REGISTERED AGENT MUST SIGN

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

Type	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PVTD	CRAIG CUDEN	8456 LEGEND CLUB DR	WEST PALM BEACH, FL 33412

10. I certify that I am an officer or director of 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: CRAIG CUDEN Craig Cuden 8/17/04 561 305-6722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000170716 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

CTC BUSINESS SOLUTIONS, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$908.75