PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	Secre	ARTMENT OF STATE tary of State of Corporations	FILED OUFEB-3 PHIZ: 37	
DOCUMENT # P9900 1. Corporation Name CTA SOFTWO			SECRETARY OF STATE SECRETARY OF STATE TALLAHASSEE. FLORIDA	
2. Principal Office Address YOS STRAWBERA Suite, Apt. #. etc.	3. Mailing Office Address Y LANE Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida	7-01-04
TACKSONVILLE FL Country USA City & State City & State		Country	5. FEI Number 65-0978935	Applied For Not Applicable \$8.75 Additional Fee required
Street Address (P.O. Box Nun **YOR** Suite, Apt. #, Etc.	NAWBERRY L THE FL.	am familiar with and accept the ot	9000291525 02/03/04-01053-012 State Zip Code FL 3w bligations of section 607.0505 or 617.0503,	9
9. Names and Street Addresses of Each O	rfficer and/or Director (Florida no	nprofit corporations must list at lea	east 3 directors)	STATE AND A SECURITY SHOULD SELECT
Titles Name of Officers, and/or I	f Directors :	Street Address of Each Officer and/or Director		State / Zip
PD CARIOS ALMEI	DA YO	8 STRAWBERRY	HANE JACKSONVILL	€ F23M9
10. I certify that I am an officer or director or this reinstatement application, the reaso owed by the corporation have been paid on this application is true and accurate, in	n for dissolution has been elimina and the names of individuals list	ated, the corporate name satisfies ted on this form do not qualify for a	s the requirements of section 607.0401 or 61 an exemption under section 119.07(3)(i), F.S	7.0401, F.S., that all fees