


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Catherine E. Davis
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

192

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DOCUMENT # **F00000005841**

1. Corporation Name
BTW INDUSTRIES, INC.

Principal Place of Business ATTN: ANTHONY E. CONTE 200 FINN COURT FARMINGDALE NY 11735	Mailing Address ATTN: ANTHONY E. CONTE 200 FINN COURT FARMINGDALE NY 11735
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.



2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country
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4. Date Incorporated or Qualified To Do Business in Florida 10/18/2000
5. FEI Number APPLIED FOR Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	CONTE, ANTHONY E	200 FINN COURT	FARMINGDALE NY 11735
SD	KWIATKOWSKI, RONALD W	200 FINN COURT	FARMINGDALE NY 11735
TD	SGRO, JOSEPH	200 FINN COURT	FARMINGDALE NY 11735
			700004662887--4 -11/01/01--01052--022 ****150.00 ****150.00 SP

8. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ **SIGNATURE REQUIRED** _____ Date _____
REGISTERED AGENT MUST SIGN

11. 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)(l), 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: **SIGNATURE REQUIRED** *Anthony E. Conte* 10/12/01 6317535151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE040 (8/01)

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BTW INDUSTRIES, Inc.
DIVISION OF Ecoboard Holdings, Inc.
3939 Hollywood Blvd.
Hollywood, FL 33021

FL Office (954) 962-2100
NY Office (631) 753-5151

Corporate Office:
Ecoboard Holdings, Inc.
200 Finn Court
Farmingdale, NY 11746

Division Of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Please find enclosed our executed copy of Application for Reinstatement, together with the appropriate fees.

We've not received an original Application, and request that the penalties be waived.

We also request that all correspondence and telephone calls be directed to our NY Corporate Office listed above to assure that we provide prompt attention to any matters relating to our Florida Business.

Thank you for your attention on the above and enclosed.

Sincerely,
BTW Industries, Inc.



Anthony E. Conte
President