1 41 × 14	PLEASE READ ALL IN	ISTRÚCTIONS	BEFORE C	OMPLETING T
	A THE STA		A Secretary	

THIS FORM. /3

Daytime Phone #

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # PO2 000108265

1. Corporation Name

SIGNATURE:

By-Tech Distributors Inc.

FILED 03 007 15 AM 8: 28

CRETARY OF STATE TALLAHASSEE, FLORIDA

2. Principal Office Address 4000 N 067 Suite, Apt. #, etc.		1			-6-23-03 90056 012 150,00		
	# 0				porated or Qualified iness in Florida	100	
	Orlando, FC	City & State Jacksunu, Zip	16 1-C	5. FEI Numbe		Applied For Not Applicable	
3	2804 US	32206	U.S	6. CERTIFICATE		Additional Fee required a Certificate of Status	
			ddress of Current F	Registered Agent			
	Name Robert	Manley					
	Street Address (P.O. Box Number is Not Acceptable) [143 Harr 57:						
	Suite, Apt. #, Etc.	·					
	City State Zip Code FL 32206						
8. I, being Signature o Registered	Agent	bove named corporation, am f		pt the obligations of secti	on 607.0505 or 617.0503, F.S. Date	23	
9. Names	s and Street Addresses of Each Officer a	ind/or Director (Florida nonpro	fit corporations must	list at least 3 directors)			
Titles	Name of Officers and/or Directo	Street Address of E Officer and/or Direc			City / State / Zip		
P	Robert Ma	Ney 1143	Harris	St.	Jacksunu'l	y tesezoi	
VST	Robert Mani	ey 1143	Hawes	St.	Jacksunule	, FC 32206	
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	y that I am an officer or director or the re instatement application, the reason for d						

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/23/2003-90056-012-\$150.00-\$150.00

1. Entity Nan		0108265				;
Principal Place of Business 2524 B SHADER ROAD 4000 No. OB. THO ORLANDO FL 32804 US Mailing Address 1143 HAINES STREET JACKSONVILLE FL 32206 US						
Principal Place of Business 3. Mailing Address					U ADAUSTIC ME COULD WOLK CONCLECIA COLICE WEN CONCLE	UCID CIDIA DIFEC UZGI FORC
Suite, Apt. #, etc. Suite, Apt. #, etc.					CHECK HERE IF MAKING CH	ANGES
City & Sta	City & State City & State				4. FEI Number 04-3716071	Applied For Not Applicable
Zip	Country Zip Coun		Country		5 Certificate of Status Desired 7 \$8.	75 Additional Required
	5. Name and Address of Current F	Registered Agent			7. Name and Address of New Registered Agen	
			Nam			
1	MANLEY, ROBERT 1143 HAINES STREET			Street Address (P.O. Box Number is Not Axceptable)		
JACKSON	MILLE FL 32206					1
[City		FL 2	ip Code
		the purpose of changing its	registered office	or registere	ed agent, or both, in the State of Florida. I am familia	ar with, and accept
the obligat	lions of registered agent.				e la el a	
SIGNATURE,	Signature, typed by printed name of registered agent an	d trie if applicable. (NOTE	: Registered Agent sig	nature rectured t	When reinstating) DATE	
\	ILE NOW!!! FEE IS \$150.00	***			T	
j ' Aπei	L MBA 1, SOME LEG MIN DE 2001ON				9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	Payable to Florida Department of S	<u></u>	11.		ADDITIONS CHANGES TO OFFICE DO AND DIDD	CTOPS IN 41
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NAME	Rober Mucey		NAME			10/2
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NAME	Jennifer Mancey		NAME			/8
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12. I hereby c	ertify that the information supplied with the	nis filing does not qualify for t	he evernation st	ated in Secr	tion 119.07(3)(i), Florida Statutes. I further certify the	the information
12. I hereby cartify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and facturate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee employees to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: SIGNATURE AND TYPES OR PERMITED MARKE OF SIGNING OFFICER OR DIRECTOR						

4745 Sutton Park Court, Suite 101

Jacksonville, FL 32224

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October 13, 2003

Florida Department of State PO Box 6327 Tallahassee, FL 32314

Doc

P02000108265

Bry-Tech Distributors, Inc.

Dear reinstatement department:

We are writing to respectfully request a waiver of the reinstatement fee for the above Florida Corporation.

As you are aware, this corporation was created on October 8, 2002. Being a new corporation, the owners were not aware that such a UBR report was required and they therefore didn't miss when the notice did not show up in the mail. Apparently their postal carrier had been delivering mail to the wrong address. Logically, you would think the person who received the mail incorrectly would return it to the post office, but we all know that hardly ever happens and it usually winds up in the trash, which is a federal offense.

Nonetheless, the company received a letter early June 2003 stating they hadn't filed the report. At that time I instructed them to file the report immediately and then to let me know when the late filing notice was received. Such notice was received on June 25, 2003 (attached) stating that the \$150 check they sent had been cashed but the report was not filed due to the \$400 late fee not being paid. Unfortunately, the client never addressed this issue, nor was it brought to my attention and the corporation has later been dissolved.

Due to the fact that a new company could be established for a mere \$70 fee, we feel the \$400 late filing fee and later the \$600 reinstatement fee are extreme. Especially this being the first year this business was established. We therefore request a waiver of the late fee and the reinstatement fee and you accept our \$150 fee paid as paid and consider the corporation active and in good standing.

Truly,

Pete Orlando, CPA