

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192
APPROVED
AND
FILED

01 OCT 22 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary
DIVISION OF CORPORATIONS

DOCUMENT # F00000004683

1. Corporation Name

BITCO USA, INC.

Principal Place of Business

**3420 CONNELL DRIVE
PENSACOLA FL 32503**

Mailing Address

**3420 CONNELL DRIVE
PENSACOLA FL 32503**

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/18/2000

5. FEI Number

94-3331232

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$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
PC	MONTGOMERY, GARY	3420 CONNELL DRIVE	PENSACOLA FL 32503
			800004658188--2 -10/30/01--01005--004 *****150.00 *****150.00
			800004658188--2 -10/30/01--01005--005 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

**MONTGOMERY, GARY
3420 CONNELL DRIVE
PENSACOLA FL 32503**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Gary Montgomery
REGISTERED AGENT MUST SIGN

Date **10/22/01**

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)(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:

Gary Montgomery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/01

Date

80433-1455

Daytime Phone #

CR20040 (8/01)

292
3420 Connell Drive
Pensacola, FL 32503
(850) 433-1455
(850) 433-1788 Fax
website: www.bitcousainc.com

BITco USA, Inc.

October 22, 2001

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: F00000004683, Application for Reinstatement

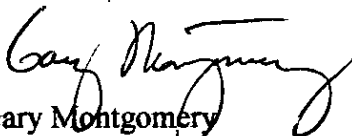
Dear Sir or Madam:

This letter is a formal request to waive all delinquent fees and penalties. BITco USA, Inc. did submit via regular mail to the Florida division of Corporations our annual board report on January 15, 2001.

To date, we have not received our renewal from the your agency. I contacted your office on 10/15/01 to inquire about our renewal and was told you never received our documentation. We finally received notification last week. Therefore, I am hand carrying this letter.

If any comments, please contact me at the above address.

Sincerely,


Gary Montgomery
Managing Director