

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04
[Barcode]

DOCUMENT # F02000000343					
1. Entity Name NT (BVI) CORP.					
Principal Place of Business 2540 S.W. 30TH AVE. PEMBROKE PARK, FL 33009			Mailing Address 2540 S.W. 30TH AVE. PEMBROKE PARK, FL 33009		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1155544	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOLANOS, JOSE A 2121 PONCE DE LEON BLVD STE 600 CORAL GABLES, FL			7. Name and Address of New Registered Agent Name: <u>Jacqueline Portugueseis</u> Street Address (P.O. Box Number is Not Acceptable): <u>2540 SW 30th Avenue</u> City: <u>Pembroke Park</u> <u>FL</u> Zip Code: <u>33009</u>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>[Signature]</u> 10/28/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCDT PORTUGUEIS, JACQUELINE 2540 S.W. 30TH AVENUE PEMBROKE PINES, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100042355441 11/01/04--01060--014 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD NAGEL, RAMON R 2540 S.W. 30TH AVENUE PEMBROKE PINES, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Change] [Addition]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Change] [Addition]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Change] [Addition]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Change] [Addition]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Change] [Addition]	
12. I hereby certify that the information supplied with this filing 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 accurate 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 empowered 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: <u>[Signature]</u> <u>President</u>			10/28/04 305-970-3400		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		