FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (12/07)

DOCUMENT # F04000005678

1. Corporation Name
BTI GP, INC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
16441 Space Center Blvd		16441 Space Center Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite B-100		Suite B-100	
City & State		City & State	
Houston, TX		Houston, TX	
Zip	Country	Zip	Country
77058-2015	USA	77058-2015	USA

4. Date Incorporated or Qualified To Do Business in Florida 10/05/2004

5. FEI Number 20-1065799 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation | State: FL | Zip Code: 33324

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Corine Burger Date: 7/11/08
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Sandra G. Johnson	16441 Space Center Blvd Suite B-100	Houston, TX 77058-2015
VPres	Midge K. Davis	16441 Space Center Blvd Suite B-100	Houston, TX 77058-2015
Secr	John K. Edwards	16441 Space Center Blvd Suite B-100	Houston, TX 77058-2015

RH
REINSTATEMENT

10. 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 contained in Chapter 119, 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: John K Edwards John K. Edwards, Secretary (281) 280-1930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
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CORPORATION REINSTATEMENT

BTI GP, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	~~$1,200.00~~

$ 600.00

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