

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR 18 PM 4:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F94 000000 987**

**1. Corporation Name**

BTX, Inc.

**2. Principal Office Address**

555 Christian Road

**3. Mailing Office Address**

P.O. Box 310

Suite, Apt. #, etc.

Attn: Legal Dept.

Suite, Apt. #, etc.

Attn: Legal Dept.

City & State

Middlebury

City & State

Middlebury

Zip

CT

Country

USA

Zip

CT

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

02/28/1994

**5. FEI Number**

222365305

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 98-04**

**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

**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

*Connie Bryan*

*Special Asst  
Secretary*

REGISTERED AGENT MUST SIGN

Date

*3/18/04*

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/V/AT	G. Markell Fluckiger	555 Christian Road	Middlebury/CT/06762-0310
D/P/T	Larry Hicks	1003 Wirt Road, Suite 111	Houston/TX/77055
D/S	Frank T. Judge, III	555 Christian Road	Middlebury/CT/06762-0310

**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 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:

*G. Markell Fluckiger*

G. Markell Fluckiger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*MARCH 16, 2004*

Date

203-346-5000

Daytime Phone #