

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

00 NOV 14 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F98000006096**

1. Corporation Name

BT. Novations, Inc.

2. Principal Office Address

67 Batterymarch Street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boston, MA

City & State

Zip

02110

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 11/3/98

5. FEI Number
04-3413185

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2000

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

400003487344-4
12/05/98 91043 013
****750.00 ****750.00

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 Bryson

REGISTERED AGENT MUST SIGN

Date 11-14-00

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
	see attached sheet		

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:

Rajiv Bhatt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/9/00

Daytime Phone #

F99000006096

282

BT.Novations, Inc. Officer/Director Chart**Directors**

Name	Business Address	Residential Address
John H. Zenger	5314 North 250 West Suite 320 Provo, UT 84606	275 Luzern Road Midway, UT 84049
Rajiv Bhatt	67 Batterymarch Street Boston, MA 02110	231 Marlborough Street Boston, MA 02116
David Erdman	6260 Poplar Avenue Memphis, TN 38119	2847 W. Levee Oaks _____, TN 38017

Officers:

Name	Title	Business Address	Residential Address
David Erdman	President	6260 Poplar Avenue Memphis, TN 38119	2847 W. Levee Oaks _____, TN 38017
Rajiv Bhatt	Vice President, Secretary, and Treasurer	67 Batterymarch Street Boston, MA 02110	231 Marlborough Street Boston, MA 02116
Constantine Alexander	Asst. Secretary	One International Place Boston, MA 02110	3 Whittier Street Cambridge, MA 02140