

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 11 PM 4:00

DOCUMENT # F98000006096

1. Corporation Name

BT.NOVATIONS, INC.

Principal Place of Business

67 BATTERYMARCH STREET
BOSTON MA 02110

Mailing Address

67 BATTERYMARCH STREET
BOSTON MA 02110

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

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11/03/1998

5. FEI Number

04-3413185

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ERDMAN, DAVID	6260 POPLAR AVENUE	MEMPHIS TN 38119
VSTD	BHATT, RAJIV	67 BATTERYMARCH STREET	BOSTON MA 02110
VSTD	NORMAN G. FORNELLA	ONE INTERNATIONAL PLACE	BOSTON MA 02110
AS	ALEXANDER, CONSTANTINE	67 BATTERYMARCH ST.	BOSTON MA 02110
AS AT	LAWRENCE HEANEY	5314 NORTH 250 WEST, SUITE 320	PROVO UT 04600
D	ZENGER, JOHN H	67 BATTERYMARCH ST.	BOSTON MA 02110
CD	CURTIS M. Uehlein		
			100004784591--1
			-01/18/02--01053--021
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

PATRICIA A. CAMARIO,
SPECIAL ASSISTANT SECRETARY

Date

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASST Secretary

Date

Daytime Phone #

617-261-1600

11/22/01

CR2E040 (8/01)