Significantly States DOCUMENT # J21496 1. Corporation Name B.W.T., Corporation Precipi Flee of Business Musting Address 411 S. Bayshore Blvd. A-3 Safety Harbor, FI. 34695 11 Alone deformers are fectional in any way, the Process in control in Contr	AD	ARLICATION AND AREA	O ALL INS	TRUCTION	BEFORE (ING THIS FORM	1.	
Principal Flace of Business 411 S. Bayshore Blvd. A-3 Safety Harbor, FL 34695 If above addresses are incorred in any way, time through incorrect incorrection below. If above addresses are incorred in any way, time through incorrect incorrection below. If above addresses are incorred in any way, time through incorrect incorrection below. If above addresses are incorred in any way, time through incorrect incorrection and enter correction below. If above addresses are incorred in any way, time through incorrect incorrection and enter correction below. If above addresses are incorred in any way, time through incorrect incorrection below. If above addresses in a policy incorrect incorrection and enter correction below. If above addresses in a policy incorrect incorrection incorrect incorrect incorrection and enter correction below. If above addresses in a policy incorrect incorr	` `	FOR		Scretary	rthal State		Man		
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Principal Place of Business 411 S. Bayshore Blvd. A-3 Safety Harbor, FL 34695 It above addresses are incorrect in any way, the brough knoosed chromation and enter correction below. 2 New Principal Office Address, if Applicable Sulls, Apl II, etc. Sulls, Apl	1. Corpor	-	tion			142	CRETARY OF ST	10	
Safety Harbor, FL 34695 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Offices Address. If Applicable 3. Now Malling Address, If Applicable 3. Now Malling Address, If Applicable 5. FE Humber 59-2757420 4. Date incorporated or Qualified 1. Date incorporation pay any intangible tax to the Qualified or Qualified or Qualified or Qualified 1. Date incorporated or Qualified 1. Date incorporation in Qualified or Qualified or Qualified or Qualified or Qualified 1. Date incorporation in Qualified in Qualif	Principal P	Place of Business	Mailir	ng Address		-	LORIL	TE:	
2. New Principal Office Address, II Applicable Suite, Apil. #. etc. Exp. Suite, Apil. #. etc. City State / 2pic. Sui		Safety Harbor, 1	FL 34695				LOB MILLER	8/19.	
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Cay & State	Sulte, Apt.	#, e1c.	Suite, Apt.	#, elc.			6/26/		
Country	City & State	0	City & State)		59-			
Name of Officers and/or Directors Steel Address of Each (Do NOT Use Post Office Box Numbers) A	Zip	Country	Zip	Countr	у	3	E OF STATUS DESIRED 🔀 S8.	75 Additional Fee require for a Certificate of Status	
Title(s) 2 and/or Directors 3 Do Not Use Post Office and/or Director Office and/or Director Office Box Numbers) 4 City / State / Zip P Whicker, L. Folger c/o 411 S. Bayshore Blvd. Safety Harbor, FL S/T Barrett, Belle G. 411 S. Bayshore Blvd. Safety Harbor, FL A/T Cernak, Stephen J. c/o 411 Bayshore Blvd. Safety Harbor, FL	7. Names		d/or Director (FI	<u> </u>					
Barrett, Belle G. 411 S. Bayshore Blvd. Safety Harbor, FL A/T Cernak, Stephen J. c/o 411 Bayshore Blvd. Safety Harbor, FL A/T Cernak, Stephen J. c/o 411 Bayshore Blvd. Safety Harbor, FL BUDDEZ TESTION	Title(s)	Title(s) and/or Directors			ficer and/or Director		City / St	ate / Zip	
A/T Cernak, Stephen J. c/o 411 Bayshore Blvd. Safety Harbor, FL	P	P Whicker, L. Folger c/o 411			Bayshore	Blvd.	Safety Harbor,	FL	
8. Name and Address of Current Registered Agent 8. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent 8. Name and Address of New Registered Agent 8. Name and Address of New Registered Agent 8. Name Sean W. Scott 3233 East Bay Drive Suite 104 Largo, FL 34641 City Suite, Apt. #, Etc. City State City State Typ Code 10. I, being appointed the registered agent of the elever named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.) 12. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Drivision of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I see the provision of direct or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. Infulfier certify that when filing fees owed by the corporation have the ord of director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. Infulfier certify that when filing fees owed by the corporation have the ord of director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. Infulfier certify that when filing fees owed by the corporation have the ord of director or the receiver of the section 607, 607, 607, 607, 607, 607, 607, 607,	S/T Barrett, Belle G. 411 S.			411 S. Bay	shore Blvd	•	Safety Harbor,	FL	
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Sean W. Scott 3233 East Bay Drive Suite 104 Largo, FL 34641 City Siret Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Typ Code FL Typ Code The GIST EMEDIAGENT MUST SIGN 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes X No (See other side for information on intangible tax) See other side for information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Dwision of Orgorations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I gain this reinstatement application to receiver or flustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing fees owed by the corporation has been eliminated, the corporate name satisfies the requirements of section 607.07 or 617.40.17, F.S. and that all less owed by the corporation has been eliminated, the corporate name satisfies the requirements of section 607.07 or 617.40.17, F.S. and that all less owed by the corporation has been and eliminated. The corporate name satisfies the requirements of section 607.07 or 617.40.17, F.S. and that all less owed by the corporation has been and eliminated. The corporate name satisfies the requirements of section 607.07.07 or 617.40.17, F.S. and that all less owed the corporate name satisfies the requirements of section 607.07.07 or 617.40.17, F.S. and that all less owed the corporate name satisfies the requirements of section 607.07.07 or 617.40.17, F.S. and that all less owed the corporate name satisfies the requirements of section 607.07.07 or 617.40.17, F.S. and that all less owed by the corporation has been all less owed by the corporate name satisfies the requirements of section 607.07.07 or	A/T Cernak, Stephen J.			c/o 411 Bayshore Blvd.			Safety Harbor, FL		
Sean W. Scott 3233 East Bay Drive Suite 104 Largo, FL 34641 Sule, Apt. #, Etc. City State Zip Code FL Tip Code FL Tip Code The GISTERED AGENT MUST SIGN The Dept. of Revenue under S. 199.032, Florida Statutes. Yes X No (See other side for information on intangible tax.) (See other side for information on intangible tax.) The Interest of Registered Agent of the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I this reinstatement application to reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 50.0401 to 617.0401, F.S. and that all fees owed by the corporation have been paid the corporate name satisfies the requirements of sections 607.0401 to 617.0401, F.S., and that all fees owed by the corporation have been paid the corporate name satisfies the requirements of sections 607.0401 to 617.0401, F.S., and that all sections 607.0401 to 617.							-08/25/97	01091013	
Sean W. Scott 3233 East Bay Drive Suite 104 Largo, FL 34641 Suite, Apt. #, Etc. City State FL Tip Code FL The Gistered Agent Date The Gistered Agent Must sign The Gistered Agent Must sign The Dept. of Revenue under S. 199.032, Florida Statutes. Yes X No (See other side for information on intangible tax.) The Interest Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Tip Code FL The Gistered Agent Date The Gistered Agent The Gistered Agent Must sign The Gistered Agent Must sign and the Agent Must sign and t		8. Name and Address of Current	Registered Ag	ent		9. Name and A	Address of New Registered A	Agent	
3233 East Bay Drive Suite 104 Largo, FL 34641 City Site Zip Code FL The Code Signature of Registered Agent 10. I, being appointed the registered agent of the elevenamed corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes X No (See other side for information on intangible tax.) 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. In this reinstatement application the reason for dissolution has been eliminated, the corporation have been paid. The information has a provided for in chapter 607 or 617, F.S. I further certify that a men officer or director or the recover or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing the expectation that the information supplied is deemed exempt from public access. In this reinstatement application the reason for dissolution has been eliminated, the corporation have been paid. The information included for this expectation that the requirements of section 607.0401 or 617.0401, F.S. and that all the information included for this expectation that the requirements of section 607.0401 or 617.0401, F.S. and the reputer of the requirements of section 607.0401 or 617.0401, F.S. and the reputer of the requirements of section 607.0401 or 617.0401, F.S. and the reputer of the requirements of section 607.0401 or 617.0401, F.S. and the reputer of the requirements of section 607.0401 or 617.0401, F.S. and the reputer of the requirements of section 607.0401 or 617.0401, F.S. and the reputer of the requirements of section 607.0401 or		Sean W. Scott							
Largo, FL 34641 City State Zip Code To. 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 REGISTERED AGENT MUST SIGN Date The properties of Revenue under S. 199.032, Florida Statutes. Yes X No (See other side for information on intangible tax.) 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or of 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 filling this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.001, F.S., and that all fees oved by the corporate name paid. The information indirector in this propriets for the requirements of section 607.001 or 617, 041, F.S., and that all fees oved by the corporate name paid. The information indirector in this propriets in the section 607.001 or 617.001, F.S., and that all		3233 East Bay Drive							
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								T	
Signature of Registered Agent REGISTERED AGENT MUST SIGN Date D	10 1 5-1						FL	Zip Code	
Dept. of Revenue under S. 199.032, Florida Statutes. Yes X No (see other side for information on intangible tax.) 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I rectify 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 fees owed by the corporation have been paid. The information indicated on this application is requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid.	Signature of	Agent _		esta.	h and accept the ob	ligations of Section	3/11/	7	
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 filling fees owed by the corporation have been paid. The information indicated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all	11. Do	es this corporation pay a pt. of Revenue under S.	any intanç 199.032,	pible tax to the Florida Statu	e ites. Yes [x No [
SIGNATURE: Belle G. Barrett Belle & Barrett 8/8/97 410-643-4500 813-725-2810	certify the this reins fees own under oa	at I am an officer or director or the rece statement application the reason for dis- ed by the corporation have been paid. I ath.	iver or trustee el solution has bee he information i	mpowered to execute n eliminated, the corp ndicated on this applic	this application as porate name satisfies attion is true and ac	or that the information of the character of the requirement occurate, and my securate.	ation supplied is deemed exen apter 607 or 617, F.S. I furthe is of section 607.0401 or 617 signature shall have the same	npt from public access. I er certify that when filing .0401, F.S., and that all e legal effect as if made	

, ,	PLICATION FOR STATEMENT	LOR	Sandra B. N. Sandra B. Sandra B			The party of			
DOCUMENT # J21496 1. Corporation Name B.W.T., Corporation						TALLAHASSE OF S			
Principal Pla	ace of Business	Mailing	g Address			E. FLORIO,			
	411 S. Bayshore Safety Harbor, B	Blvd. A L 34695	- 3			LOB T	8/19/		
	ddresses are Incorrect in any way, line the cipal Office Address, If Applicable		information and enter iling Address, If Appli			DO NOT WRITE IN THIS SPACE porated or Qualified ness in Florida 6 / 26 / 4 00	91-9		
Sulte, Apt. #	f, etc.	Suite, Apt. #	t, elc.	5. FEI Number 6/26/1986			Applied For		
City & State		City & State	City & State			2757420	Not Applicable		
Zip	Country	Žip	Coun	lry .	CERTIFICAT	E OF STATUS DESIRED X S8.75 A	dditional Fee required Certificate of Status		
7. Names a Title(s)	ames and Street Addresses of Each Officer and/or Director (Fiorida nonprofit contents) Name of Officers and/or Directors 2 3 (Do No.			ations must list at least 3 directors) reet Address of Each fficer and/or Director City / Stat se Post Office Box Numbers) 4			Zip		
P	Whicker, L. Folger c/o 411			. Bayshore I	Blvd.	Safety Harbor, FI	<u></u>		
S/T				/shore Blvd	•	Safety Harbor, FL			
A/T Cernak, Stephen J. c/o 4			c/o 411 Ba	ayshore Blv	ð.	Safety Harbor, FL			
						000022766 -08/25/97010 ***1288.75 *			
	8. Name and Address of Curren	t Registered Ag	ent	Name	9. Name and	Address of New Registered Agen	t		
	Sean W. Scott 3233 East Bay Drive Suite 104 Largo, FL 34641	•		Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.					
				City		State Zip	Code		
10. I, being a Signature of Registered A	Agent		oration, am familiar v SENT MUST SIGN	vith and accept the ob	oligations of Sect	ion 607.0505, F.S. Date 7/11/97	7		
11. Do	es this corporation pay pt. of Revenue under S	any intang . 199.032,	gible tax to tl Florida Sta	ne tutes. Yes [x No [(See other side for on intangible			
certify that this rein:	eby certify that the information supplied e Division of Corporations from any liab nat I am an officer or director or the rec statement application the reason for di- ed by the corporation have been paid.	eiver or trustee e ssolution has bee	empowered to execu- en eliminated, the co	le this application as rporate name satisfie	provided for in c s the requireme	hapter 607 or 617, F.S. I further ce nts of section 607.0401 or 617.040	rtify that when filing		
under o	ath.	it Bu	// //	1		8/97 410-643 813-725			