PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC -9 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J23667

1. Corporation Name

B & T REMANUFACTURING, INC.

Principal Place of Business	Mailing Address
% TIMOTHY BRUCE MILLER 811 PLAYGROUD RD FT. WALTON BEACH FL 32547	% TIMOTHY BRUCE MILLER 811 PLAYGROUD RD FT. WALTON BEACH FL 32547

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 96

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/09/1986

5. FEI Number: 59-2701387 ☐ 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 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
PTD	MILLER, TIMOTHY BRUCE	102 DELUNA ROAD	FT. WALTON BEACH FL
VSD	HOWARD, RALPH CARLTON JR	902 MEADOW LANE	FT. WALTON BEACH FL
			300002025683--7 -12/11/96--01027--001 ****375.00 ****375.00
			12-9-96

8. Name and Address of Current Registered Agent

MILLER, TIMOTHY BRUCE
811 PLAYGROUD RD
FT. WALTON BEACH FL 32548

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

CR2E040 (7/96)

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: Timothy B. Miller SIGNED — REGISTERED AGENT MUST SIGN — Date: 11-25-96

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. 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: Timothy B. Miller SIGNED — Timothy B Miller — 9-25-96 — 904-863-2666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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