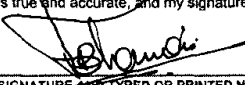


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 DEC 12 AM 11:28	
DOCUMENT # L02040					
1. Corporation Name B. F. T. V., Inc.					
2. Principal Office Address 4900 SW 74 CT MIAMI FL 33155			3. Mailing Office Address 4900 SW 74 CT MIAMI FL 33155		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida 7-14-1989	
				5. FEI Number 65-0146508	Applied For Not Applicable
				6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name BHAMANI, Feroz	300004736203
Street Address (P.O. Box Number is Not Acceptable) 4900 SW 74 CT.	-12/24/01-01002-025 ****150.00 ****150.00
Suite, Apt. #, Etc.	
City MIAMI	State FL
	Zip Code 33155

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		Date	
REGISTERED AGENT MUST SIGN			
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
P	BHAMANI, Feroz, A.	4900 SW 74 CT.	MIAMI, FL 33155
VP	FORD, THOMAS, H.	4900 SW 74 CT.	MIAMI, FL 33155
S	IBARRA, Robert	4900 SW 74 CT	MIAMI, FL 33155
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: 		11/10/2001	305-663-1964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

December 10, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: B.F.T.V.
4900 SW 74 Court
Miami, Florida 33155
FEI # 65-0146508

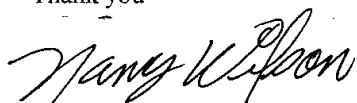
Dear Sirs:

Our company just changed banks and to our surprise found out we were listed as canceled under the corporation.

But what really surprised us is that out of our 3 organizations two were not filed and one was. Which means we never received the other two in question.

This is why I am writing to let you know that we did not receive the forms for this company and that we would like reinstatement. We would also like a waiver of fees since we never received the forms and did not know what had happened.

Thank you


Nancy Wilson
Accounts Payables