PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 01W000

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	**3.** Mailing Office Address
4900 SW 74 Ct MIAMI FL 33155	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--0
-12/24/01--01002--025
****150.00 ****150.00

Street Address (P.O. Box Number is Not Acceptable)
4900 SW 74 Ct.

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

CR2E081 (9/00)

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
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 of 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

Nancy Wilson
Accounts Payables