

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -1 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000007028

1. Corporation Name

B.T.N. PRODUCTS, INC.

2. Principal Office Address

221 SW 22nd Ave.

3. Mailing Office Address

131 SW 22nd Ave.

Suite, Apt. #, etc.

Ste.# 253

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33135

Country

USA

Zip

33131

Country

USA

**4. Date Incorporated or Qualified -
To Do Business in Florida**

5. FEI Number

65-0982320

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

REINSTATEMENT *on*

7. Name and Address of Current Registered Agent

Name

JORGE D ARENAS

Street Address (P.O. Box Number is Not Acceptable)

221 SW 22nd Ave.

Suite, Apt. #, Etc.

Ste.# 253

City

MIAMI

6000008754966
11/01/02--01034--015 **750.00

State
FL

Zip Code
33135

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 *Y*

REGISTERED AGENT MUST SIGN

Date

10/29/02

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/D	JORGE D ARENAS	221 SW 22nd Ave #253	MIAMI, FL 33135

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/29/02