

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JAN -2 PM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **00000033951**

1. Corporation Name

B.G.T. Apartments Inc.

W06 - 52497

03-06

CR2E081 (12/05)

2. Principal Office Address
565 Dr. MMB Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address
P.O. Box 2004

Suite, Apt. #, etc.

City & State
Daytona Beach, FL

City & State
Daytona Beach, FL

Zip
32115

Country
USA

Zip
32115

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **05/27/66**

5. FEI Number
591117484

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
Fred Gamble

Street Address (P.O. Box Number is Not Acceptable)
565 Dr. Mary McLeod-Bethune Blvd.

Suite, Apt. #, Etc.

City
Daytona Beach

600082218266
12/02/06--01001--023 **1200.00

600082218266
12/04/06--01010--023 **1200.00

State
FL

Zip Code
32114

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

Fred Gamble

REGISTERED AGENT MUST SIGN

Date **12-11-06**

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 |
|--------|-----------------------------------|--|-------------------------|
| PD | Roosevelt Taylor | 624 Shady Place | Daytona Beach, FL 32114 |
| VD | Fred Gamble | 563 Fred Gamble Way | Ormond Beach, FL 32173 |
| SD | Catherine Gamble | 563 Fred Gamble Way | Ormond Beach, FL 32173 |
| TD | Mary Taylor | 624 Shady Place | Daytona Beach, FL 32114 |
| | | | |
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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 contained in Chapter 119, 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:

Roosevelt Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-06

Date

336-252-1335

Daytime Phone #