

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

02 MAR 28 PM 12:17

DOCUMENT # P00000035018

1. Corporation Name

BIDTRON HOLDINGS, INC.

500005254425--6

-04/11/02--01058--024

*****300.00 *****300.00

2. Principal Office Address

512 SWEET BAY CIRCLE

Suite, Apt. #, etc.

3. Mailing Office Address

512 SWEET BAY CIRCLE

Suite, Apt. #, etc.

City & State

JUPITER, FL

City & State

JUPITER, FL

Zip

33458-2824 USA

Zip

33458-2824 USA

4. Date Incorporated or Qualified
To Do Business in Florida

04.03.00

5. FEI Number

65-0980789

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

JOHN F. McROBERTS

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

512 SWEET BAY CIRCLE

Suite, Apt. #, Etc.

City

JUPITER

State

FL

Zip Code

33458-2824

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 3.26.02

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/S/H	JOHN F. McROBERTS	512 SWEET BAY CIRCLE	JUPITER, FL 33458-2824

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN F. McROBERTS

PRESIDENT

Date

3.26.02

Daytime Phone #

(561) 721-1188

CR2E081 (9/01)

3/26/02

Spoke with Divn of Corp Person

Yesterday who indicated that

I should send \$150. for 2001 and

\$150. for 2002 along w/ Reinstatement

Form. ~~RECORDS ON FILE INDICATE THAT~~

MAIL WAS RETURNED BY THE POST OFFICE (IN

SPITE OF FORWARDING INSTRUCTIONS GIVEN TO POST OFF.

Thank You.

J. L. H. Rents, President