

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000000382

1. Entity Name
BTGOG DEVELOPMENT FL., INC.



FILED

04 DEC 13 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
~~2162 BURLINGTON AVE NO~~
ST. PETERSBURG, FL 33713 33782
5884 92nd AVE N.

Mailing Address
~~2162 BURLINGTON AVE NO~~
ST. PETERSBURG, FL 33713
SAME

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11192004 REIN-P CR2E098 (6/04)

City & State

City & State

4. FEI Number
3E-4517170

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANROSS, VERDUN H
~~2162 BURLINGTON AVE NO~~
ST. PETERSBURG, FL 33713 33782
5884 92nd AVE N

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME MANROSS, DERDUN H
STREET ADDRESS ~~2162 BURLINGTON AVE NO~~ 5884 92nd Ave N
CITY-ST-ZIP ST. PETERSBURG, FL 33713 33782

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

200043411922
12/14/04--01052--003 **150.00

[Handwritten initials]

12-11-04 727.57-9622