2004 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT						SEGDETA OF	LED	
DOCUMENT # P03000149193						DIVISION OF	Y OF STATE CORPORATIONS	
1. Entity Nam B&TLA	WN SERVICES, INC.					OL OCT OF	ONATIONS:	
					·	04 OCT 25	AM 8: 00	· /
Principal Plac	e of Business	Mailing Address		The same of the sa	- (i i i i i i i i i i i i i i i i i i	STATEN	FNT /	4
418 E CANFIELD ST AVON PARK, FL 33825		418 E CANFIELD ST Avon Park, Fl 33825			h Beath at			/
AVOIT AIN,	11 33023	AVOIT ANN, TE 33023		1 100100011	L BRIKK TIILL BRIK BAIII BAIA1	(ÉDII BIBIN INING JIRIK INING ISIJAN	1 11 2 8 6 1	
2. Principal Place of Business		3. Mailing Address						
Suite. Apt. #, etc.		Suite, Apt. #, etc.			_			$m\partial x$
City & State		City & State		10212004	REIN-P	CR2E098 (6/04)		
City & State				4. FEI Numb	443107		ed For pplicable	
Zip	Country	Zip	Cour	ntry	5. Certificate	of Status Desired	\$8.75 Addition Fee Required	nal
	6. Name and Address of Current	7. Name and Address of New Registered Agent Name						
WELCH, TERA E				Street Address (P.O. Box Number is Not Acceptable)				
418 E CANFIELD ST AVON PARK, FL 33825				Sireer Address (P.O. dux Number is Not Acceptable)				
				City E1 Zio Code				
8. The shows page Online submits this statement for the purpose of shanging its register.					ared gapet or be	th in the State of Flori	FL Zip Code	
8. The above name of onlity 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 Sensitive typest or peritted name of regists and agent aird filter if applicable (NOTE: Registered Agent signature required when reinstating) [NOTE: Registered Agent signature required when reinstating) [NOTE: Registered Agent signature required when reinstating)								
	.E NOW!!! FEE IS \$150.00 nuary 1, 2005, Fee will be \$300.				th s. 607.193(2)(b), F.S ot receive the prior noti			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFIC	ERS AND DIRECTORS IN	111
TITLE NAME	D WELCH, TERA E	☐ Delete	TITE NAM				Change [Addition
STREET ADDRESS	418 E CANFIELD ST		STR	EET ADDRESS	70	000421	52177	
CITY-ST-ZIP	AVON PARK, FL 33825	☐ Delete	TITL	-ST-ZIP	10/25	/ 04 01078	-001 <u>#</u> 150.00	Addition
NAME		_ CONC	NAM	16			Onesige	
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP				
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STREET ADDRESS		• •	STRE	EET ADDRESS				
CITY-ST-ZIP		☐ Delete	CITY	-ST-ZIP			☐ Change ☐	Addition
NAME		Line Collect	NAM	16			onongo	
STREET ADORESS CITY-ST-ZIP				EET ADDRESS - ST- ZIP				
TITLE		☐ Delete	TITL				Change [☐ Addition
NAME STREET ADDRESS				EET ADDRESS				
CTTY+ST-ZIP		☐ Delete	CITY	- ST- ZIP			Change [Addition
NAME		velue	NAM	1E			caseigs	e-yymnyH)
STREET ADORESS CITY-ST-ZIP	•			EET ADDRESS '+ST+ZIP				
indicator	certify that the information supplied wit fon this report or supplemental report	c true and acquirate and that i	my eigna	tura chall have the	s esma langl afta	of as if made under on	the that Lambac attions or .	dicación
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: / NOROL 1 1010H								
J. W. 1711	SIGNATURE AND TYPED OR	POINTED NAME OF SIGNING OFFICER	OR DIREC	тоя		Date	Daythre Phone #	