PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 NOV 15 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P39050

1. Corporation Name

B & T ENTERPRISES OF VOLUSIA COUNTY, INC.

Principal Place of Business	Mailing Address
4100 US HIGHWAY #1 SOUTH EDGEWATER FL 32141 US	4100 US HIGHWAY #1 SOUTH EDGEWATER FL 32141 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.: 2006 Dune Cr.
City & State: New Smyrna Beach, FL
Zip: 32169 Country: Volusia

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.: SAME
City & State:
Zip: Country:

4. Date Incorporated or Qualified To Do Business In Florida: 06/01/1992

5. FEI Number: 06-0961292 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PT	KAYAT, ROBERT A.	2006 DUNE CIR	NEW SMYRNA BCH FL
CD	KAYAT, ROBERT A.	2006 DUNE CIR	NEW SMYRNA BCH FL
VSD	KAYAT, ERNESTINA D.	2006 DUNE CIR	NEW SMYRNA BCH FL

800003046258--6
-11/16/99--01089--016
****150.00 ****150.00
800003046258--6
-11/16/99--01089--017
****600.00 ****600.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

KAYAT, ERNESTINA D
4100 US HIGHWAY 1 SOUTH
EDGEWATER FL 32141

9. Name and Address of New Registered Agent

Name: Kayat, Ernestina D.
Street Address (P.O. Box Number is Not Acceptable): 2006 Dune Cr.
Suite, Apt. #, Etc.:
City: New Smyrna Beach State: FL Zip Code: 32169

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Ernestina Kayat Date: 11-11-99
REGISTERED AGENT MUST SIGN

11. 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: Ernestina Kayat 11-11-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (8/99)

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