E READ ALL INSTRUCTIONS BEFORE CONFERENCE TING THIS FLORIDA DEPARTMENT OF STATE **APPLICATION** "Jim Smith **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

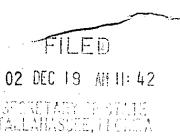
B & T ENTERPRISES OF VOLUSIA COUNTY, INC.

Principal Place of Business

Mailing Address

2006 DUNE CR. NEW SMYRNA BEACH FL 32169 2006 DUNE CR.

NEW SMYRNA BEACH FL 32169





			a)	information or	nd onter correction halow	11712/	00089409 02-01109-021	43 **300.00	
If above addresses are incorrect in any way, line through incorrect New Principal Office Address, If Applicable 3. New Ma				ing Office Address, If Applicable 4. D		4. Date Incorp To Do Busin			
Suite, Apr. W, Stat.			Suite, Apt. #			5. FEI Number 06-0981292 Applied For Not Applicable			
			City & State						
Zip		Country	Zip		Country			5 Additional Fee required or a Certificate of Status	
7. Names	and Street Ad	dresses of Each Officer a	nd/or Director (Fig	orida nonprof	it corporations must list at le	ast 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
PT	KAYAT, R	OBERT A.	2006 DUNE CIF		NE CIR	NEW SMYRNA BCH FL			
CD	KAYAT, ROBERT A.			2006 DUNE CIR		<u></u>	NEW SMYRNA BCH FL		
SON	KAYAT, ERMESTINA D.			2006 DUNE CIR			NEW SMYRNA BCH FL		
		<u></u>				12 /1 9/	000894094 0201030006	4∃ **379.37	
	-					11712	00089409- 12-01103-020	4 3 **300.00	
			MILN	ENT	02	70			
	8. Na	me and Address of Curre	ent Registered Ag	yent		9. Name and Address of New Registered Agent			
KAVA	IT, ERNESTI	NA D			Name	a falle a se	A CANADA	proprieta and the second secon	
	DUNE CR.		•		Street Address	Street Address (P.O. Box Number is Not Acceptable)			
NEW SMYRNA BEACH FL 32169					Suite, Apt. #. Et	Suite, Apt. #, Etc. 12/19/02=-01030907 **/9.37			
					City		State	Zip Code	
10. I, beir	ig appointed t	ne registered agent of the	above named corp	poration, am	familiar with and accept the	obligations of Sec	tion 607.0505, F.S. or 617.050	5, F.S.	
Signature Registered		l.	TOGO.	GENT MUST	(A) FEVE FEED (A)		Date	102	
11. I certif	y that I am an instatement a	polication, the reason for o	eceiver or trustee elissolution has bee	empowered to	o execute this application as the corporate name satisfie	s the requirement	apter 607 or 617, F.S. 1 further s of section 607.0401 or 617.0	401, F.S., that all tees	

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGN	TAN	UR	E:

ED NAME OF SIGNING OFFICER OR DIRECT