

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 DEC 29 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000023127

1. Corporation Name **BT Enterprises of Apopka Incorporated**
1434 Hawthorne Ave
APOPKA FL 32703

Principal Place of Business

Mailing Address

32 South Hudson St
ORLANDO FL 32835

P.O. Box 585086
ORLANDO FL 32858

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

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT **95-91**

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida

1-11-94

5. FEI Number

59-3234102

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	Beverly Smith		1434 Hawthorne Ave APOPKA FL 32703
VPres	BRYAN Claverie		1412 Pine Hills Rd ORLANDO FL 32808
Sec	Mannie Wooten		1434 Hawthorne Ave APOPKA FL 32703
Treas	ED SLeBODNIK		8620 Vannoy Ct ORLANDO FL 32810

8. Name and Address of Current Registered Agent

Beverly Smith
1434 Hawthorne Ave
APOPKA FL 32703

9. Name and Address of New Registered Agent

Name **Beverly Smith**
Street Address (P.O. Box Number is Not Acceptable) **1434 Hawthorne Ave**
Suite, Apt. #, Etc.
City **Apopka** State **FL** Zip Code **32703**

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

Beverly Smith
REGISTERED AGENT MUST SIGN

Date

9-24-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.