

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION~~  
~~FOR~~  
~~REINSTATEMENT~~



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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT 25 PM 2:16

DOCUMENT # P95000031970

1. Corporation Name

B.T.S. HOLDINGS, INC.

Principal Place of Business

20 MARLWOOD LN  
WEST PALM BEACH FL 33418  
US

Mailing Address

20 MARLWOOD LN  
WEST PALM BEACH FL 33418  
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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/24/1995

5. FEI Number

65-0650389

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
D	MAY, MARK	20 MARLWOOD LN	WEST PALM BEACH FL 33418

4000004679224-4  
-11/14/01--01084--008  
\*\*\*\*150.00 \*\*\*\*150.00

SP

8. Name and Address of Current Registered Agent

MAY, MARK R.  
1438 W. LANTANA RD.  
SUITE #419  
LANTANA FL 33462

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*Mark May*  
REGISTERED AGENT MUST SIGN

Date

10/18/01

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)(f), 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:

*Mark May*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/18/01 954 742 2070

CR2E040 (8/01)

COPY  
295

Michael Cove, PA  
2127 Reston Circle  
Royal Palm Beach, FL 33411  
561-333-1095

July 20, 2001

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

Re: B.T.S. Holdings, Inc.  
P95000031970

To Whom It May Concern:

We recently retained the above corporation as a client. When we received there records from the prior accountant the 2001 Uniform Business Reports were enclosed.

We are respectfully requesting relief from the penalty for late filing of this report. This corporation has been added to our due date tracking system and will file the report timely in the future.

Thank you for your assistance.

Sincerely,



Michael Cove, CPA

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000031970

1. Entity Name  
B.T.S. HOLDINGS, INC.

COPY 345

Principal Place of Business Mailing Address  
20 MARLWOOD LN 20 MARLWOOD LN  
WEST PALM BEACH FL 33418 WEST PALM BEACH FL 33418  
US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0650389

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

MAY, MARK R.  
1438 W. LANTANA RD.  
SUITE #419  
LANTANA FL 33462

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MAY, MARK  
CITY-ST-ZIP 20 MARLWOOD LN  
WEST PALM BEACH FL 33418

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

CR2E034 (5/01)

BTS Holdings, Inc.

Department of State

Check Number: 5003  
Check Date: Aug 6, 2001

495

Check Amount: \$150.00  
Discount Taken Amount Paid

Item to be Paid - Description

040101

150.00

COPY

5003

595

Michael Cove, PA  
2127 Reston Circle  
Royal Palm Beach, FL 33411  
561-333-1095

October 18, 2001

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

Re: P95000031970  
BTS Holdings, Inc.

To Whom It May Concern:


In August of 2001 we retained the above corporation as a client. We found their Uniform Business Report in with their accounting records received from the prior accountant. We sent this report along with a check to your office on or about August 6, 2001. According to our records this check is still outstanding.

Obviously you did not receive the above correspondence. Therefore we are attaching a copy for your reference along with a second check for \$150.

We are respectfully requesting that you reinstate this corporation to active status. This corporation has been added to our due date tracking system and will file the report timely reports in the future.

Thank you for your assistance.

Sincerely,



Michael Cove, CPA

561-333-1095