

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 20 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 95000047974

1. Corporation Name

BTC DISTINGUISHED FRENCH GIFTS INC.
2440 Lynndale Road Ste A
Amelia Island, FL 32034

2. Principal Office Address - No P.O. Box #

2440 Lynndale Rd. Ste A

Suite, Apt. #, etc.

Ste A

City & State

Amelia Island

Zip

32034

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Ste A

City & State

Amelia Island

Zip

32034

Country

USA

200151481562
04/21/09--01024-023 ***150.00
CR20081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

June 20, 1995

5. FEI Number

59-3320361

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Nicole Parent

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

95029 SAN REMO DR. #2A

Suite, Apt. #, Etc.

City

Amelia Island

State

FL

Zip Code

32034

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Nicole Parent

Date

April 16, 09

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Nicole PARENT	95029 SAN REMO DR. #2A	Amelia Island, FL 32034

10. 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 contained in Chapter 119, 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:

Nicole Parent / Nicole PARENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 16, 09

Date

904-277-7834

Daytime Phone #