

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR 12 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000082467

1. Corporation Name

BARTENDERS TRAINING INSTITUTE OF AMERICA - BTTA, INC.

REINSTATEMENT 03-04

600032505986

04/13/04--01016--009 **300.00

2. Principal Office Address

445 BRAZILIAN AVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

PALM BEACH, FLORIDA

City & State

Zip 33480

Country USA

Zip Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/25/1995

5. FEI Number

59-3525395

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

RONALD P. GLANTZ, ESQ.

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

7951 SW 6TH STREET

Suite, Apt. #, Etc.

SUITE #100

City

PLANTATION

State
FL

Zip Code
33324

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

Ronald Glantz

REGISTERED AGENT MUST SIGN

Date

4/5/04

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
SEC	PATRICK OHANNESSIAN	445 BRAZILIAN AVE	PALM BEACH, FL 33480
PRES	ANTOINE OHANNESSIAN	53 DUDLEY AVE	VENICE, CA 90291

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P. Ohannessian P. OHANNESSIAN

APRIL 7/2004

Date

561 346 7068

Daytime Phone #

CR2E081 (01/04)

Division of Corporation
State of Florida
P.O. Box 6327
Tallahassee, FL
32314

Please find attached the reinstatement completed form for the Bartenders Training Institute of America – BTIA Inc., as well as a \$300 check to cover reinstatement. Please waive the \$600 fee because our 2003 annual report was returned to your office.

Thank you.