PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
97 MAY 23 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000094705

1. Corporation Name

BWT, Inc.

Principal Place of Business / Mailing Address

(Principal place of business & mailing address)
500 West Cypress Creek Road
Ft. Lauderdale, FL 33309

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

REINSTATEMENT 9-10-97

2. New Principal Office Address, If Applicable
36 Kingfisher Lane
Suite, Apt. #, etc.
City & State: Key West, Florida
Zip: 33040 Country: U.S.A.

3. New Mailing Office Address, If Applicable
36 Kingfisher Lane
Suite, Apt. #, etc.
City & State: Key West, Florida
Zip: 33040 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 12/14/95

5. FEI Number: 65-0752360 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☒

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D, P	Peter Lilja	36 Kingfisher Lane	Key West, FL 33040

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****915.00 ****915.00

JB 5-23-97

8. Name and Address of Current Registered Agent

James L. Berger, Esq.
Berger & Davis, P.A.
100 NE 3rd Avenue, Suite 400
Ft. Lauderdale, FL 33301

9. Name and Address of New Registered Agent

Name: S. K. Grybowski / Blanck & Grybowski
Street Address (P.O. Box Number is Not Acceptable): 5730 SW 74 Street
Suite, Apt. #, Etc.: 700
City: Miami State: FL Zip Code: 33143

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: [signature] REGISTERED AGENT MUST SIGN Date: 5/13/97

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 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 the 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] Peter Lilja president 05/14/97 305-295-7197
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #