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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000033314

REINSTATEMENT 03

1. Corporation Name
BTS Acro, Inc.

2. Principal Office Address	3. Mailing Office Address
11079 Tradewinds Blvd	11079 Tradewinds Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Largo, Florida	City & State: Largo, Florida
Zip: 33773 Country: USA	Zip: 33773 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 4/17/96

5. FEI Number: 59-3375417 ☐ 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: MASON COX

800024383908
11/03/03 --01081--007 **150.00

Street Address (P.O. Box Number is Not Acceptable): 11079 Tradewinds Blvd

Suite, Apt. #, Etc.

City: Largo | State: FL | Zip Code: 33773

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: Mason C. Cox Date: Oct 30, 2003

REGISTERED AGENT MUST SIGN

CR2E031(01/02)

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
D, P, VP, S	Cox, MASON	11079 Tradewinds Blvd	Largo, FL 33773

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.

Oct 30, 2003

SIGNATURE: Mason C. Cox, Pres. BTS Acro, Inc. 727-392-5176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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