PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P96000035348

1. Corporation Name

G.B.T.C. INVESTMENTS, INC W99000010422

Principal Place of Business
~~2702 LIBBY'S LANE~~
~~OCOEE, FL 34761~~

Mailing Address
~~2702 LIBBY'S LANE~~
~~OCOEE FL 34761~~

REINSTATEMENT 97-99

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

2. New Principal Office Address, If Applicable
2211 W. LAKE BRANTLEY DR.
Suite, Apt. #, etc
City & State: LONGWOOD FL
Zip: 32779 Country: USA

3. New Mailing Office Address, If Applicable
2211 W. LAKE BRANTLEY DR.,
Suite, Apt. #, etc
City & State: LONGWOOD FL
Zip: 32779 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 4/22/96

5. FEI Number: 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	JULIUS GARNER	2211 W. LAKE BRANTLEY DR.,	LONGWOOD, FL 32779

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-05/25/99--01073--026
***1058.75 ***1058.75

8. Name and Address of Current Registered Agent

BAEZ, RANDOLPH A.
2702 LIBBY'S LANE
OCOEE FL 34761

9. Name and Address of New Registered Agent

Name: JULIUS GARNER
Street Address (P.O. Box Number is Not Acceptable): 2211 W. LAKE BRANTLEY DR.,
Suite, Apt. #, Etc
City: LONGWOOD State: FL Zip Code: 32779

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: REGISTERED AGENT MUST SIGN Julius Garner Date 4/26/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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 this application 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 force and effect as if made under oath.

SIGNATURE: Julius Garner 4/26/99 407/296/2273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Julius M. Garner, Pres.

CP2EC97 (12/98)