

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 OCT 22 AM 10:51

DOCUMENT # **P96000058823**

1. Corporation Name

B.T. CONSULTING CORP.

REINSTATEMENT 03-04

2. Principal Office Address

17509 VIA CAPRI

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

Zip

33496

Country

US

Zip

Country

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

7/12/96

5. FEI Number

65-0699586

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

[Signature]

**Jeanine Reynolds
as its agent**

Date

10-22-04

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
PRES.	BARRY TASH	17509 VIA CAPRI	BOCA RATON FL 33496
			700042110777
			200042150572

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARRY TASH

Date

10/20/04

Daytime Phone #

561-998-4733

Per Michelle M. Hagan

CR2E081 (01/04)



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 938161 4351650

AUTHORIZATION : *Patricia Pizute*

COST LIMIT : \$ 908.75

ORDER DATE : October 21, 2004

ORDER TIME : 9:49 AM

ORDER NO. : 938161-005

CUSTOMER NO: 4351650

CUSTOMER: Mr. Adam M. Jarchow
Leboeuf Lamb Greene & Macrae
Suite 2800
50 North Laura Street
Jacksonville, FL 32202-3650

RESUBMIT
Please give original
submission date as file date.

DOMESTIC FILINGS

NAME: B.T. CONSULTING CORP.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS _____

RECEIVED
04 OCT 22 PM 12:44
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Called + confirmed NAME doesn't conflict.