


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATION 02 MAR 21 PM 3:04	
DOCUMENT # P97000037955							
1. Corporation Name CBT Communications, Inc.							
2. Principal Office Address 231 Altara Avenue Suite, Apt. #, etc. City & State Coral Gables, FL Zip 33146 Country USA				3. Mailing Office Address 231 Altara Avenue Suite, Apt. #, etc. City & State Coral Gables, FL Zip 33146 Country USA			
				4. Date Incorporated or Qualified To Do Business in Florida 1/15/1992			
				5. FEI Number 65-0322783		Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name BORNACELLI, CARLOS A.		
Street Address (P.O. Box Number is Not Acceptable) 231 Altara Avenue		
Suite, Apt. #, Etc.		
City Coral Gables.	State FL	Zip Code 33146

700005193637-8
-04/05/02-01006-028
****300.00 ****300.00

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 _____	Date _____
REGISTERED AGENT MUST SIGN	

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	BORNACELLI, CARLOS A.	231 Altara Avenue	Coral Gables, FL 33146

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

Date

Daytime Phone #

103/18/00

305-8851586

CR2E081 (9/00)

CBT COMMUNICATIONS, INC.
231 ALTARA AVENUE
CORAL GABLES, FL 33146

March 20th, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: *CBT Communications, Inc.*
Document #P97000037955
Corporation Reinstatement Report

Gentlemen:

Enclosed find our Corporation Reinstatement Report and our \$300.00 check for the years 2001 & 2002 filing fee.

Please be advised that it is the policy of our company to pay all bills upon receipt. Consequently if this has not been paid we undoubtedly never received Forms UBR 2001 & 2002.

We apologize for any inconvenience and thank you for your cooperation in this matter.

Sincerely,

Mr. Carlos A. Bornacelli
Director