PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR -6 PM 4:35

DOCUMENT # P98000049101 W04000034404

REINSTATEMENT 02-04

1. Corporation Name

BUSINESS TECHNOLOGIES OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
111 E BULLARD PARKWAY, STE 205 TEMPLE TERRACE FL 33617	111 E BULLARD PARKWAY, STE 205 TEMPLE TERRACE FL 33617

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
111 E Bullard Pkwy	
Suite, Apt. #, etc.: Suite E	Suite, Apt. #, etc.
City & State: Temple Terrace FL	City & State
Zip: 33617 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/29/1998

5. FEI Number: 06-1516782 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CEO	BRYANT, RICHARD B	7903 SUGARCANE COURT	TAMPA FL 33637
P	BRYANT, KATHERINE B	7903 SUGARCANE CT	TAMPA FL 33637

600028152686
02/03/04--01053--018 **900.00

600028152686
04/06/04--01031--002 **150.00

8. Name and Address of Current Registered Agent

BRYANT, KATHERINE B
111 E BULLARD PARKWAY, STE 205
TEMPLE TERRACE FL 33617

9. Name and Address of New Registered Agent

Name: Bryant, Katherine B
Street Address (P.O. Box Number is Not Acceptable): 111 E Bullard Parkway
Suite, Apt. #, Etc.: Suite E
City: Temple Terrace State: FL Zip Code: 33617

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: Katherine Bryant SIGNATURE REQUIRED Date: 1/29/04
REGISTERED AGENT MUST SIGN

11. 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: Katherine Bryant SIGNATURE REQUIRED 1/29/04 813-989-2136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0070391 AV