

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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AND
FILED

01 JUN 13 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT #

1. Corporation Name

BTPC, Inc.

1024 Howell Ave P.O. Box - 1334

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BROOKSVILLE

BROOKSVILLE

City & State

City & State

FL

FL

Zip

Country

Zip

Country

34601

HERNANDO

34605

HERNANDO

4. Date Incorporated or Qualified
To Do Business in Florida

03.17.99

5. FEI Number

65-0908654

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

Berkant Tchobanov

300004488853-2

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

1024 Howell Ave Apt. # C8

07/23/01-01011-18
****300.00 ****300.00

Suite, Apt. #, Etc.

BROOKSVILLE FL 34601

City

State
FL

Zip Code

34601

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]

Date 5.22.01

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
P	Berkant Tchobanov	1024 Howell Ave #C8 / BROOKSVILLE, FL	34601

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.22.01 (352) 754-8425

Date

Daytime Phone #

CR2E081 (9/00)

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BTPC.Inc

1024 howell ave.,apt.c8
BROOKSVILLE, FL --34601
(352) 754-8425

To: Division of Corporations - P.O.Box 6327 -Tallahassee FL 32314

The (BTPC.Inc) have move to new address end did not receive mail.

Would like to sorry for inconvenience.

Thank you.