

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000050798

1. Corporation Name

BTT ENTERPRISES, INC.

Principal Place of Business

13698 STATE HWY. 20 WEST
NICEVILLE FL 32578

Mailing Address

13698 STATE HWY. 20 WEST
NICEVILLE FL 32578

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	4. Date Incorporated or Qualified To Do Business in Florida <i>06/01/1999</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number <i>59-3414930</i>
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	TAYLOR, BONITA	13698 STATE HWY. 20 WEST	NICEVILLE FL 32578
D	TAYLOR, ALLISON GARY	13698 STATE HWY. 20 WEST	NICEVILLE FL 32578
		400003463864-9 11/15/00-01032-014 ***750.00 ***750.00	
		REINSTATEMENT 00	10/24/00
			10/24/00

8. Name and Address of Current Registered Agent

TAYLOR, BONITA
13698 STATE HWY. 20 WEST
NICEVILLE FL 32578

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State **FL** Zip Code

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/00 897-0979

Date

Daytime Phone #

CR2E040 (8/00)