

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1998 FEB 13 PM 3:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #347905

1. Corporation Name

BTL INTERNATIONAL ENTERPRISES, INC.

Principal Place of Business

Mailing Address

12445 S.W. 31 Court  
Miami, Florida 33144

12445 S.W. 31 Court  
Miami, Florida 33144

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

2. New Principal Office Address, If Applicable

18151 NE 31 CT. #1602

3. New Mailing Office Address, If Applicable

18151 NE 31 CT. #1602

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
MIAMI, FLA

City & State  
MIAMI, FLA

Zip Country  
33160 USA

Zip Country  
33160 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

4/25/91

5. FEI Number  
65-0255480

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PTD	FERNANDO I. KOSTETSKY	18151 NE 31 CT. #1602	MIAMI, FLORIDA 33160
SV	JUANA F. KOSTETSKY	18151 NE 31 CT. #1602	MIAMI, FLORIDA 33160

REINSTATEMENT

8. Name and Address of Current Registered Agent

MADELEINE D. LONGARAY  
8360 West Flagler Street  
Suite #203  
Miami, Florida 33144 USA

9. Name and Address of New Registered Agent

Name  
FERNANDO I. KOSTETSKY  
Street Address (P.O. Box Number is Not Acceptable)  
18151 N.E. 31 CT.  
Suite, Apt. #, Etc.  
#1602

City State Zip Code  
MIAMI FL 33160

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

REGISTERED AGENT MUST SIGN

Date 02-10-98

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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 #

CR20040 (12/96)