FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 27 PM 1:43

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # S71122

1. Corporation Name
Business Imaging Technology, Inc.

Principal Place of Business / Mailing Address
3300 University Drive, #525
Coral Springs, FL 33065

REINSTATEMENT

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

2. New Principal Office Address, if Applicable
Suite 709
City & State
Zip / Country

3. New Mailing Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 8/6/91

5. FEI Number: 65-0284482 ☐ 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
DP	Neil Schaffel	3300 University Dr, #709	Coral Springs, FL 33065

8. Name and Address of Current Registered Agent
Neil Schaffel
3300 University Dr., #709
Coral Springs, FL 33065

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: Neil Schaffel — Date: 10/27/00
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: Neil Schaffel, Pres. Neil Schaffel 10/27/00 954-340-3311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E043 (1/98)

AD

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : NEIL SCHAFFEL, P.A.
Account Number : 072416000613
Phone : (954)422-5779
Fax Number : (954)422-1982

CORPORATION REINSTATEMENT

BUSINESS IMAGING TECHNOLOGY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$750.00