

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

APPLICATION
FOR
REINSTATEMENT



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

96 DEC -6 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V23247**

1. Corporation Name
BARTEC INTERNATIONAL, INC.

Principal Place of Business
1103 W HIBISCUS BLVD
307B
MELBOURNE FL 32901
US

Mailing Address
1635 NATCHEZ TRACE BLVD
ORLANDO FL 32818



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

2. New Principal Office Address, If Applicable
1635 NATCHEZ TR BLVD

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida
03/24/1992

City & State
ORLANDO FLORIDA

City & State

5. FEI Number **59-3118633**
Applied For
Not Applicable

Zip **32818** Country **ORANGIE**

Zip Country

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
D/P/Y	SANKARAPPAN, VARATHARAJA	1635 NATCHEZ TRACE BLVD	ORLANDO FL
D	BASHYAM, BAKTHA V	1635 NATCHEZ TRACE BLVD	ORLANDO FL
S/D	SANKARAPPAN, SRILATHA	1635 NATCHEZ TRACE BLVD	ORLANDO, FL 32818

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-12/06/96--01084--005
***375.00 ***375.00

REINSTATEMENT 1996
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8. Name and Address of Current Registered Agent
SANKARAPPAN, VARATHARAJAN
1635 NATCHEZ TRACE BLVD
ORLANDO FL 32818

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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 *J. Faulkner*
REGISTERED AGENT MUST SIGN
Date **12/1/96**

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)(l), 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: *Sankarappan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **12/1/96** Daytime Phone # **407-578-0152**