

APR-01-03 TUE 11:51 AM

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Audit No.: H03000097339 3

FAX NO.

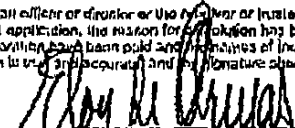
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000006805			
1. Corporation Name BMI Preferred, Inc.			
2. Principal Office Address 1320 S. Dixie Highway		3. Mailing Office Address	
Suite, Apt. #, etc. 6th Floor		Suite, Apt. #, etc.	
City & State Coral Gables, Florida		City & State	
Zip 33146	Country USA	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 01/18/2001			
5. FEI Number 65-1107765		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 Eloy de Armas			
Street Address (P.O. Box Number is Not Acceptable) 1320 S. Dixie Highway			
Suite, Apt. #, Etc. 6th Floor			
City Coral Gables		State FL	Zip Code 33146
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0605, F.S.			
Signature of Registered Agent  Date 03/31/2003			
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Eloy de Armas	1320 S. Dixie Highway, 6th Floor	Coral Gables, FL 33146
10. I certify that I am an officer or director or the registered agent 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., and all taxes 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(2)(c), 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: 		Eloy de Armas	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 03/31/2003	Office Phone # (305) 443-2898

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03/31/03 MON 18:08 [TX/RX NO 6488] 002

03/31/03 MON 18:12 FAX 305 888 5018

BMI COMPANIES

10001

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Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : RASCO, REININGER, PEREZ & ESQUENAZI, P.L.
Account Number : 104076000124
Phone : (305) 476-7100
Fax Number : (305) 476-7102

CORPORATION REINSTATEMENT

BMI PREFERRED, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	758.75

\$ 758.75