PS 1 82

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 26 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
600033961106
04/26/04--01060--014 **300.00

DOCUMENT # P01000081400

1. Corporation Name

B/G ENVIOS, CORP

REINSTATEMENT

2. Principal Office Address		**3.** Mailing Office Address	
3753 ESTEPONA AVE		3753 ESTEPONA AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI, FLORIDA		City & State: MIAMI, FLORIDA	
Zip: 33178	Country: USA	Zip: 33178	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/17/2001

5. FEI Number: 65-1137530 ☐ 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: GUIDO DIAZ

Street Address (P.O. Box Number is Not Acceptable): 3753 ESPONA AVE

Suite, Apt. #, Etc.:

City: MIAMI | State: FL | Zip Code: 33178

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 04/20/2004

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	GUIDO DIAZ	3753 ESPONA AVE	MIAMI, FL 33178

10. 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: _____ GUIDO DIAZ 04/20/2004 (305) 871-0889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B 292

B/G ENVIOS, CORP.

3753 ESTEPONA AVE
MIAMI, FL 33178
305-871-0889

April 20, 2004
Miami, FL

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

As per my telephone conversation with your office, I am sending a check for $300.00. Please be informed that the Uniform Business Report for B/G Envios, Corp. was not received for the year 2003. This is due to the fact that the address was changed. I tried to correct the problem but unfortunately the check was sent to the Florida Dept of Revenue. I know that the report would have been filed on a timely manner if I had notice ahead of time.
Thank you for your time and consideration. Please direct any questions or concerns to the location given.

Sincerely,

Guido Diaz, President