


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p>		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>	<p>FILED</p> <p>97 JAN -8 AM 8:17</p> <p>SECRETARY OF STATE TALLAHASSEE FLORIDA</p>
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DOCUMENT # 30110

1. Corporation Name
BB + HW TAPE INC.
214-211 LIVE OAKS BLVD.
CASSELBERRY, FL 32707

Principal Place of Business Mailing Address

J + R MARKETING
214-216 LIVE OAKS BLVD.
CASSELBERRY, FL 32707

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

REINSTATEMENT

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2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 2/11/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 13-3509933	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES.	Ricki Eskerazi	214 LIVE OAKS BLVD	CASSELBERRY, FL 32707

<p>8. Name and Address of Current Registered Agent</p> <p>HENRY ESKENAZI 1466 WINSTON RD. MAITLAND, FL 32751</p>	<p>9. Name and Address of New Registered Agent</p> <p>Name _____</p> <p>Street Address (P.O. Box Number is Not Acceptable) _____</p> <p>Suite, Apt. #, Etc. _____</p> <p>City _____ State FL Zip Code _____</p>
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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 Henry Eskerazi REGISTERED AGENT MUST SIGN Date 12/26/96

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Henry Eskerazi SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

CR2E040 (12/96)