

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 22 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000075556

1. Corporation Name

4 B&B, INC.

100093756831
03/20/07--01012--001 **300.00

2. Principal Office Address - No P.O. Box #
1551 NE 167

3. Mailing Office Address
1551 NE 167

Suite, Apt. #, etc.
APT 601

Suite, Apt. #, etc.
APT 601

City & State
NORTH MIAMI BEACH

City & State
NORTH MIAMI BEACH

Zip
33162

Country

Zip
33162

Country

REINSTATEMENT 06-07

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ 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
S.K. MD ALLAP

Street Address (P.O. Box Number is Not Acceptable)
1551 NE 167

Suite, Apt. #, Etc.
APT 601

City
NORTH MIAMI BEACH

State
FL

Zip Code
33162

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

S.K. MD Allap.

Date **02/15/2007**

REGISTERED AGENT MUST SIGN

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
DPS	S.K. MD ALLAP	1551 NE 167 APT 601	NORTH MIAMI BEACH, FL. 33162
DVT	SHEIK BABU	1551 NE 167 APT 601	NORTH MIAMI BEACH, FL. 33162

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 contained in Chapter 119, 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:

S.K. MD Allap.

S.K MD ALLAP

02/15/2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/07
February 14th, 2007.

To: Florida Department of State.
Division of Corporation

Subject: 4 B&B Inc
P05000075556.

- Please be advised that we never received our notice of annual report, for the corporation 4 B&B Inc in 2006. Enclosed find the fee \$300.00 as discussed with your department for the reinstatement of my corporation for the reinstatement the corporation for the years, 2006 and 2007.

Sorry for any inconvenience that this have caused.

Sincerely yours.

S.K. MD Allap.
S.K. MD ALLAP
4 B&B, INC.