2009 FOR PROFIT CORPORATION REINSTATEMENT

1. Entity Nam BAHIA VI	ne ISTA CLU		Mailing Address	=			FILED 09 MAY -4 AM 9: 16 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
3037 HARBO FT. LAUDERI		3316	6915 TAFT ST HOLLYWOOD, FL 33024				Í IBRIB 11201 NEIB 110N 10E			i ff ai th an each	
2. Principal F	Place of Busin	3. Mailing Address	_								
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			REINSTATEMENT087					
City & Stat	е		City & State			4. FEI Number 59-0758905			Applied For Not Applicable		
Zip serrer and orga		Country **** अनुस्कार कर्	Zıp	Count	try mistra mail			of Status Desired	ا ا	\$8.75 Ad ee Require	
				7. Name and	Address of New R	egistered A	gent				
USA SERV 6915 TAFT HOLLYWO		Name Street Ad	tdress (F	P.O. Box Numb	er is Not Acceptable)					
7. a.s		City-				FL	. Zip Cod				
:59the obligat - 2517 "SIGNATUREL	lons of regist	y submits this statement for ered agent. or printed name of registered agent a	the purpose of changing its research the purpose of changing its research to the purpo	1, N 3 - 1	· .	B	ed agent, or bo		rida. I am f		and accept
₹ Fil	1,4.	:			In accordance w corporation did	vith s. 607. not receive	193(2)(b), the prior	F.S., the notice.			
10.		OFFICERS AND [DIRECTORS	11.		_	ADDITIONS/	CHANGES TO OFF	CERS AND	DIRECTOR	S IN 11
TITLE	VD	TU 0444 0	☐ Delele	TITLE						☐ Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP		THOMAS BOR DRIVE #13 JDERDALE, FL 33316	1	ET ADDRESS -ST-ZIP		. 900155468819 05/05/0901042020 **150.00					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATWOOD 2037 HAM FORT: L'AL		ET ADDRESS		02/08 90146 035 \$ 150 00						
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	FRANK BOR DR 16 JDERDALE, FL 33316	4	1	• •		·	•	☐ Change	- Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		GARY BOR DRIVE, #2 JDERDALE, FL 33316			· · · · · ·	Mar in 18 form of a	ANTA TONE		Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			☐ Celete							☐ Change	Addition
12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											
SIGNATURE: Date Date Date Date Date Date Date Date											