

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 331339

1. Corporation Name

BHR INVESTMENTS, INC.

Principal Place of Business

6177 SUN BLVD.
SUITE 216
ST. PETERSBURGH FL 33715
US

Mailing Address

6177 SUN BLVD.
216
ST. PETERSBURG FL 33715
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/17/1968

5. FEI Number

59-1212243

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
SD	SCHULMAN, ROBERT	18 PINE TREE DR	GREAT NECK NY
PD	ROSS, BARBARA	6177 SUN BOULEVARD, STE 216	ST PETERSBURG FL

200002374192--7
-12/16/97--01121--022
****750.00 ****750.00

REINSTATEMENT

97

12-3-97

8. Name and Address of Current Registered Agent

ROSS, BARBARA
6177 SUN BLVD.
SUITE 601-C
ST. PETERSBURG FL 33715

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Barbara Ross

REGISTERED AGENT MUST SIGN

Date 12-3-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for Information
on intangible tax.)

12. 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)(l), 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:

Robert E. Schulman Director

12-3-97

Date

516 466 5752

Daytime Phone #