

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 MAR -2 PM 4: 04

DOCUMENT # 485238

1. Corporation Name

Bloomfield Hills, Inc.

001000008023

000092220500
03/12/07--01015--026 **900.00

REINSTATEMENT

05-07

CR2E081 (12/05)

2. Principal Office Address

1 Sebastian Ave

Suite, Apt. #, etc.

3. Mailing Office Address

P. O. Box 3443

Suite, Apt. #, etc.

City & State

Saint Augustine, FL

City & State

Saint Augustine, FL

Zip
32084

Country

St. Johns

Zip

32085-3443

Country

St. Johns

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-1629760

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

Samy F. Bishai

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

4040 Vail Point Ter

Suite, Apt. #, Etc.

City

Saint Augustine

State

FL

Zip Code

32086

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

REGISTERED AGENT MUST SIGN

Date

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 |
|--------|--------------------------------------|---|---------------------------|
| PO | Samy F. Bishai | 4040 Vail Point Terr | Saint Augustine, FL 32086 |
| STO | Hanaa Bishai | 4040 Vail Point Terr | Saint Augustine, FL 32086 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-07

Date

904-797-3396

Daytime Phone #