

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # 553899

1. Corporation Name

B & SON, INC.

Principal Place of Business

Mailing Address

~~6111 S.W. 67TH AVE.~~  
~~MIAMI FL 33143~~

~~6111 S.W. 67TH AVE.~~  
~~MIAMI FL 33143~~

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

2. New Principal Office Address, If Applicable

7291 S.W. 41 STREET

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

7291 S.W. 41 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33155-4501

Country

DADE

Zip

33155-4501

Country

DADE

4. Date Incorporated or Qualified  
To Do Business in Florida

10/03/1977

5. FEI Number

59-1774345

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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
PD	RODRIGUEZ, BLANCA L.	<del>3111 S.W. 67TH AVE.</del> 2900 S.W. 100th AVE.	MIAMI FL MIAMI, FL 33165

300082000999-0  
11/08/96-01106--021  
\*\*\*375.00 \*\*\*375.00

8. Name and Address of Current Registered Agent

RODRIGUEZ, BLANCA L.

~~6111 S.W. 67TH AVE.~~

~~MIAMI FL 33143~~

9. Name and Address of New Registered Agent

Name

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

2900 S.W. 100TH AVENUE

Suite, Apt. #, Etc.

City  
MIAMI

State  
FL

Zip Code  
33165

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

*Blanca Rodriguez*  
REGISTERED AGENT MUST SIGN

Date 10-31-96

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 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)(i), 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:

*Blanca Rodriguez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-3-96

Date

305-266-0320

Daytime Phone #

FILED

98 NOV -6 PM 12:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

1996 11-794

CRS-0303 (7/96)