

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 # 833037

1. Corporation Name **NATIONAL BMF CORP.**

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

1500 S. Ocean Blvd.

Suite, Apt. #, etc
Unit S305

City & State

Boca Raton, FL

Zip
33432

Country

USA

3. New Mailing Office Address, If Applicable

477 Madison Ave.

Suite, Apt. #, etc

Suite 701

City & State

New York, NY

Zip
10022

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

09/17/74

5. FEI Number

13-2734379

Applies 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City & State
P/D	Marvin E. Greenfield	1500 S. Ocean Blvd. Unit S305	Boca Raton, FL 33432
S/D	Barbara Greenfield	1500 S. Ocean Blvd. Unit S305	Boca Raton, FL 33432
D	Paul Rosen	35 S. Hibiscus Dr.	Miami Beach, FL
V/D	Felicia Rubin	254 E. 68th Street Apt. 14A	New York, NY

8. Name and Address of Current Registered Agent

**CT Corporation System
1200 S. Pine Island Road
Plantation, FL 33324**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc

City

400002789614--7

-03/01/99--01003--007

******150.00 State ****150.00**

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

Vicky Goldstein
REGISTERED AGENT MUST SIGN

VICKY GOLDSTEIN

SPECIAL ASSISTANT SECRETARY

Date

2/22/99

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)(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:

Marvin E. Greenfield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marvin E. Greenfield

2/17/99
Date

212-207-4560

Daytime Phone #