

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 # 845005

1. Corporation Name

BJF Development, Inc.

Principal Place of Business

**361 Park Avenue
Glencoe, IL 60022**

Mailing Address

**361 Park Avenue
Glencoe, IL 60022**

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

2734 Rhone Drive
Suite, Apt. #, etc

City & State

Palm Beach Gardens, FL
Zip **33410** Country **Palm Beach**

4. Date Incorporated or Qualified
To Do Business in Florida

1/17/80

5. FEI Number
36-3084816

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)

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 / Zip
P	Bruce J. Frey	2734 Rhone Dr.	Palm Beach Gardens, FL 33410
T	Bruce J. Frey	2734 Rhone Dr.	Palm Beach Gardens, FL 33410
S	Bruce J. Frey	2734 Rhone Dr.	Palm Beach Gardens, FL 33410
D	Bruce J. Frey	2734 Rhone Dr.	Palm Bch Gardens FL 33410

REINSTATEMENT

98-11713 2/23/99

8. Name and Address of Current Registered Agent

**Frank G. Burt
701 Brickell Avenue, 22nd Floor
Miami, FL 33131**

9. Name and Address of New Registered Agent

**Name
Bruce J. Frey
Street Address (P.O. Box Number is Not Acceptable)
2734 Rhone Drive
Suite, Apt. #, Etc
City
Palm Beach Gardens
FL 33410**

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

REGISTERED AGENT MUST SIGN

Date **2/10/99**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99

Date

954-202-9770

Daytime Phone #