PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 16, 2017 08:00 AM
Secretary of State

DOCUMENT # F13000004172

2U0312457702

1. Corporation Name

BPA International, Inc.

2. Principal Office Address: (No P.O. Box)	3. Mailing Office Address
900 Stewart Avenue	900 Stewart Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 110	Suite 110
City & State	City & State
Garden City, NY	Garden City, NY
Zip / County	Zip / County
11530 / US	11530 / US

4. Date Incorporated or Qualified To Do Business in Florida: 09/26/2013

5. FEI Number: 113279015

Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $6.75 Additional Fee Required When a Certificate of Status Is

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Numbers Not Acceptable): 1201 Hays Street

Suite, Apt. #, etc.

City: Tallahassee | State: FL | ZIP Code: 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: M Zender — REGISTERED AGENT MUST SIGN

Melissa Zender Date: 6/22/17

Asst. Vice President

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PC	Renda, Lisa	900 Stewart Avenue	Garden City, NY 11530
VPVC	Blackwell, David	900 Stewart Avenue	Garden City, NY 11530

10. E-mail Address: _____

(To be used for future annual report notification)

11. I certify that I am an officer or director of the corporation 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., and that all taxes owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: _____ _____ _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #

T HENDERSON ...NDERSON

JUN 22 2017 22 2017