

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN -7 AM 10:32

DOCUMENT # F99000002316

1. Corporation Name

BLS FUNDING GEORGIA CORP.

2. Principal Office Address

1101 STEWART AVENUE

Suite, Apt. #, etc.

100

City & State

GARDEN CITY NY

Zip

11530

Country

USA

3. Mailing Office Address

1101 STEWART AVENUE

Suite, Apt. #, etc.

100

City & State

GARDEN CITY NY

Zip

NY

Country

11530

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

5/3/99

5. FEI Number

061514292

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

PAUL BADAMO

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

21301 POWERLINE ROAD

Suite, Apt. #, Etc.

304

City

BOCA RATON

State

FL

Zip Code

33433

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

Paul Badamo

REGISTERED AGENT MUST SIGN

Date 5-31-01

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
Pres	DAVID BROWN	5 BEECHTREE DRIVE	BROOKSVILLE NY 11545
VP	DAW MANSE	17 JANSTLANE EAST	HAUPPAUGE, NY 11788
CFO	FRANK FIURE	44 HIANATHA DRIVE	BROOKHAVEN, NY 11788

10. I certify that I am an officer or director of 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

5/31/01 516-222-9449

Date

Daytime Phone #

CR2E081 (9/00)