

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 14 AM 9:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 02-03

500010088175

01/14/03--01089--015 **900.00

DOCUMENT # J01357

1. Corporation Name

BKB Oceanfront Properties,
Inc

2. Principal Office Address

3209 S. Atlantic Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Daytona Beach Shores, FL

Zip

Country

USA

Zip

Country

32118-6225 Volusia

4. Date Incorporated or Qualified
To Do Business in Florida

2/27/86

5. FEI Number

59-2654699

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

Zill, David A., Esq.

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

366 E. Graves Ave., Suite B

Suite, Apt. #, Etc.

City

Orangette City

State

FL

Zip Code

32763

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

David A. Zill

REGISTERED AGENT MUST SIGN

Date

1/10/03

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
PVD	LORT, YUSUF	3209 S. Atlantic Ave. Daytona Beach Shores, FL	Daytona Beach Shores, FL 32118-6225
ST	BAERENKLAW, ALAN	"	"

10. 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/03

Date

386-761-2050

Daytime Phone #

CR2E081 (10/02)

js 1/15