

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV -7 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J34089

1. Corporation Name

BGB Ventures, INC.

2. Principal Office Address

3550 University Blvd

Suite, Apt. #, etc.

Suite #302

City & State

Jacksonville FL

Zip

32216

Country

USA

3. Mailing Office Address

P O Box 48007

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32247

Country

USA

100008876781
11/07/02--01080--004 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

9-17-86

5. FEI Number

59-2802088

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

Baker, Claudia

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

9672 Wexford Ave.

Suite, Apt. #, Etc.

City

Jacksonville

State
FL

Zip Code

32257

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

REGISTERED AGENT MUST SIGN

Date

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
V	Gilmour, Kay E.	3550 University Blvd	Jacksonville, FL
S	Seals, A Allen	3550 University Blvd	Jacksonville, FL
P	Baker, Scott B	3550 University Blvd	Jacksonville, FL

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:

Scott B Baker

10/25/02 904-380-3020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

BGB Ventures, INC.
P O Box 48007
Jacksonville, FL 32247
904-380-3020 904-448-2215 fax
Email: jstankard@iliant.com

October 25, 2002

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

To Whom It May Concern,

I am deeply troubled that I have not received the two notices that were to be filed by September 13, 2002. You have the mailing address incorrect as per the Internet site. The address has changed and why your records still reflect the old address I do not know why.

Please, Please do not dissolve this corporation. This company needs to be reinstated ASAP. I have enclosed the fee for \$150.00 and a signed reinstatement application.

Please feel free to contact my office with any questions regarding this application.

Sincerely,

Janet L Stankard
Accounting Manager