PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING AND FILING

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996 NOV -4 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K41294

1. Corporation Name
B.B.&G. Inc.

Principal Place of Business
4206 MANDARIN Rd.
SEBRING FLA.
33872

Mailing Address

600002001056--1
-11/08/96--01111--018
****375.00 ****375.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country (Highlands)	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 10-26-88

5. FEI Number: 65 0079807 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
V.P. T.	Karen Stepniak	4564 SW 35 AVE	HLAND FLA 33312
Pres.	Barbara A. Kent	4206 Mandarin Rd	Sebring FL. 33872

REINSTATEMENT

8. Name and Address of Current Registered Agent (Resn.)
BARBARA A KENT -
4206 MANDARIN Rd
SEBRING FLA 33872

9. Name and Address of New Registered Agent
Name: BARBARA A KENT - BB&G.
Street Address (P.O. Box Number is Not Acceptable): 4206 MANDARIN Rd
Suite, Apt. #, Etc.:
City: SEBRING State: FL Zip Code: 33872

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: Barbara A Kent (REGISTERED AGENT MUST SIGN) Date: 10/17/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☑ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

BARBARA A. KENT - President

SIGNATURE: Barbara A Kent (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: 10/17/96 Daytime Phone #: 941 3140524

CR2E040 (12/95)