PLEASE READ	ALL INS	TRUCTIO	NS BEFORE	COMPLE.	TING THIS FORM.			
APPLICATION FOR REINSTATEMENT	FLORIC	DA DEPART Sandra B. Secretary	MENT OF STATE Mortham of State					
DOCUMENT # VIIIIII		DIVISION OF CO	HPUHATIONS		FILED			
1. Corporation Name P 9 111					98 MAY 28 PM 12: 19			
B & G DESIGNS, INC. 2420 N. Dixie Hwy. Wilton Manor, Florida Principal Place of Business	_33305_ Mailing Addr	289		SECRETARY OF STATE TALLAHASSEE. FLORIDA				
Same					•			
If above addresses are incorrect in any way, line thr 2. New Principal Office Address, if Applicable	ough incorrect in	nformation and e			TATEMENT95-98	_		
Suite, Apt. #, etc.		New Mailing Office Address, If Applicable Suite, Apt. #, etc.			Date Incorporated or Qualified To Do Business in Florida 11/8/88			
City & State	Cily & State			5. FEI Number Applied Applied				
Zip Country	Zıp	Co	untry	6. CERTIFICAT	FOR STATUS DESIRED S8.75 Additional Fee reg	wired		
7. Names and Street Addresses of Each Officer and/	or Director (Flor	rida nonprofit cor		ast 3 directors)	tor a Certificate of Sta	ius 		
Title(s) and/or Directors		3 (Do NO	Street Address of Each Officer and/or Director T Use Post Office Box N	•	City / State / Zip			
Pres. Gerard L. Morin	ì	2420 N	. Dixie Hwy	7•	Wilton Manor, FL 3330)5		
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				80	000025 45718- -06/03/9801037- /0 0	Ţ.		
	_				***1200.00 ***1200.00			
8. Name and Address of Current R	egistered Agen	nt	Name	9. Name and Address of New Registered Agent				
Gerard L. Morin 2420 N. Dixie Hwy			Street Address (P.	Street Address (P.O. Box Number is Not Acceptable)				
Wilton Manor, FL 33305			Suite, Apt. #, Etc.					
			City		State Zip Code	\dashv		
10. I, being appointed the registered agont of the above Signature of	napied corpora	ation, am familiar	with and accept the obl	ligations of Section	n 607.0505, F.S.			
Registered Agent HEG		NT MUST SIGN		·	Date 5/26/98			
 This corporation owes or has intangible Personal Property 	paid the tax due	current y June 30.	ear Yes 🗖	No 🗹	(See other side for information on inlangible tax.)			
12. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissolution owed by the corporation have been paid and the nation this application is true and accurate, and my sign.	nes of individua	ds listed on this t	purate name satisfies in	te requirements o	ter 607 or 617, F.S. I further certify that when filing if section 607.0401 or 617.0401, F.S., that all fees or section 119.07(3)(i), F.S. The information indicate	od		
SIGNATURE: SIGNATURE AND TYPED OR PRINT	ED NAME OF SIG	RESIDENCE OF STREET OF	DIRECTOR		126 98 Date Daytime Phone #			

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FOR S			A DEPARTM Sandra B. M Secretary of IVISION OF COR	of State	FILED					
DOCUMENT # / YUII					98 MAY 28 PM 12: 19					
B & G DESIGNS, INC. 2420 N. Dixie Hwy. Wilton Manor, Florida 33305 Principal Place of Business Mailing Address						SECRETARY OF STATE TALLAHASSEE. FLORIDA				
Same		·								
If above addre	isses are incorrect in any way, line th	ough incorrect in	nformation and e	nter correction below.	REINS	TATEME	NT95-	78		
			ing Office Addres	s, If Applicable	Date Incorporated or Qualified To Do Business in Florida 11/8/88					
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			5. FEI Number Applied For				
City & State		Cily & State			65-00	33268 		ot Applicable		
Zip	Country	Zip	Co	ountry	6. CERTIFICA	TE OF STATUS DESIRED	\$8.75 Additional for a Certification	l Fee required te of Status		
7. Names and	Street Addresses of Each Officer and	or Director (Flo	rida nonprofit con							
Title(s)	Name of Officers and/or Directors 2			Street Address of Each Officer and or Director OT Use Post Office Box N	r City / State / Zip					
Pres. Gerard L. Morin			2420 N	. Dixie Hwy	7•	Wilton Man	nor, FL	33305		
			1	-						
					8	0000254 -06/03/38 ******8.	45718 301037 .75-*****	ア -009 **8.75		
					800002545718					
,						***1200.	00 404414			
8. Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent					
Gerard L. Morin					eet Address (P.O. Box Number is Not Acceptable)					
	N. Dixie Hwy n Manor, FL 3330	5		Suite, Apt. #, Etc.	Suite, Apt. #, Etc.					
				City			State Zip Code			
10. I, being app	ointed the registered agonit of the ob-	ove named corpo	oration, am famili	ar with and accept the ol	bligations of Sec		·			
Signature of Registered Ager		GISTERED AG	ENT MÜST SIGN	N		Date 5/26/	/98			
	corporation owes or hi gible Personal Proper			year Yes 🗖	No 🔯	(See othe on	er side for informa n intangible tax.)	tion		
this reinstate owed by the	I am an officer or director or the receinment application, the reason for dissection of the corporation have been paid and the cation is true and accurate, and my significant or the cation is true and accurate.	olution has been names of individ	eliminated, the cuals listed on this ve the same lega	corporate name satisfies s form do not qualify for all effect as if made under	the requirement an exemption ui roath.	is of section 607.0401 or 6 nder section 119.07(3)(i), f	317.0401, F.S., tha	t all fees		
SIGNATUR	E: SIGNATURE AND TYPED OR PRI	NTED NAME OF S	SIGNING OFFICER	S / I) EN	/ 3	5/26) Date	Gaytime Phone #			