

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 SEP 26 PM 2:42

**DOCUMENT #** L22507

**1. Corporation Name**

BAMA ENTERPRISES, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300004641933--6  
-10/18/01--01064--013  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

300004641933--6  
-10/18/01--01064--013  
\*\*\*\*150.00 \*\*\*\*150.00

**2. Principal Office Address**

8000 South Dixie HWY  
Suite, Apt. #, etc.

**3. Mailing Office Address**

PO Box 16206  
Suite, Apt. #, etc.

**City & State**

West Palm Beach, FL

**City & State**

West Palm Beach, FL

Zip	Country	Zip	Country
33405	USA	33416	USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10/11/89

**5. FEI Number**

65-0218472

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**

ZAPATA, Manuel S.

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

871 Sage Avenue

**Suite, Apt. #, Etc.**

**City**

Wellington

**State**

FL

**Zip Code**

33414

**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 9/3/01

**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
PD	ZAPATA, Manuel S.	871 Sage Avenue	Wellington, FL 33414
SD	ZAPATA, Barbara A.	871 Sage Avenue	Wellington, FL 33414
V	ZAPATA, Judiel	12033 Old Country Rd.	Wellington, FL 33414

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED01 (9/00)



# BAMA Enterprises, Inc.

8000 S Dixie Highway  
West Palm Beach FL 33405

Office (561) 533-8010  
Fax (561) 533-8032

*September 25, 2001*

*Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314*

*Ref.: Document # L22507*

*Dear Sir or Madam:*

*As per our today's conversation with your department, I verify we sent our Profit Corporation Annual Report for 2001 on April 16<sup>th</sup>, 2001 with attached check number 11211.*

*Obviously, you never received this. The check was never cleared in our bank. Copy of the check register is attached.*

*Attached you will find a new application, including check for the amount of \$150.00 for renewal fees and another one for \$8.75 for certification fees.*

*We ask you a waiver of any penalty charges on this renewal.*

*We appreciate your consideration to this matter.*

*Very truly yours,*

*Manuel S. Zapata  
President*