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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

00-02  
CORPORATION  
~~REINSTATEMENT~~



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

02 JUL -8 PM 1:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L38263  
1. Corporation Name B.P. Enterprises, INC

2. Principal Office Address  
214 Live Oaks Blvd  
Suite, Apt. #, etc.

3. Mailing Office Address  
P.O. Box 180548  
Suite, Apt. #, etc.

City & State  
Casselberry FL  
Zip Country  
32707 USA

City & State  
Casselberry FL  
Zip Country  
32714-0548 USA

500006359745--9  
-07/12/02--01059--005  
\*\*\*\*4507.00 \*\*\*\*450.00

4. Date Incorporated or Qualified To Do Business in Florida  
December 20 1969

5. FEI Number 59-2996691  
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 Paul R Daigle president  
Street Address (P.O. Box Number is Not Acceptable) 214 Live Oaks Boulevard  
Suite, Apt. #, Etc.  
City Casselberry State FL Zip Code 32707

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 [Signature] President REGISTERED AGENT MUST SIGN Date 5-31-2

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
P	Paul R Daigle	535 S. Triplet LK	Casselberry / FL / 32707
S	Paul R Daigle	535 S. Triplet LK	Casselberry / FL / 32707
T	Paul R Daigle	535 S. Triplet LK	Casselberry / FL / 32707

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] president Paul R Daigle #101 Date 5-31-2 Daytime Phone # 407 699-2108

CR2E001 (9/01)