

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

**FILED**

97 APR 15 AM 10:33

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **L49108**

1. Corporation Name  
**B.S.J. HOLDING CORPORATION**

Principal Place of Business Mailing Address  
~~1230 TAYLOR ST.~~  
~~HOLLYWOOD FL 33019~~

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

2. New Principal Office Address, If Applicable  
**625 NE 173 TERRACE**  
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
**625 NE 173 terrace**  
 Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida  
**2/12/90**

City & State  
**NMB FL**

City & State  
**NMB FL**

5. FEI Number  
**65-0174196**

Applied For  
 Not Applicable

Zip Country  
**33162 USA**

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**33162 USA**

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

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
DPT	GREISMAN, BORUCH	5308 14th AVE BROOKLYN, NY	BROOKLYN, NY.
DS	TENENBAUM, HELENA	625 NE 173 terrace	NMB, FL 33162
			000002145020--0 -04/16/97--01065--006 *****923.75 *****923.75

8. Name and Address of Current Registered Agent

HELENA TENENBAUM  
 625 NE 173 terrace  
 NMB FL 33162

9. Name and Address of New Registered Agent

Name **REYNOLD STEIN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**625 NE 173 TERRACE**  
 Suite, Apt. #, Etc.  
 City **NMB** State **FL** Zip Code **33162**

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   
 REGISTERED AGENT MUST SIGN

Date **4/11/97**

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 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

**4/14/97** **305-653-4531**  
 Date Daytime Phone #

CR2E040 (12/96)