

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT.



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

DOCUMENT # **L74631**

1. Corporation Name

**B. & I. INTERNATIONAL SERVICES, CORP.**

600001999966--7  
-11/09/96--01019--024  
\*\*\*375.00 \*\*\*375.00

Principal Place of Business

7574 NORTHWEST 70 STREET  
MIAMI FL 33166  
US

Mailing Address

7574 NORTHWEST 70 STREET  
MIAMI FL 33166  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/21/1990

5. FEI Number

65-0196238

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	BOGNOLI, JOSE M.	1670 WEST 18 LANE, SUITE 304	MIAMI FL
		17622 NW 76 Ct	Miami, FL 33015

8. Name and Address of Current Registered Agent

BOGNOLI, JOSE M.  
-0401-SW-4-ST-  
-#404  
-MIAMI FL 33174-

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
17622 NW 76 Ct  
Suite, Apt. #, Etc.  
City  
Miami  
State  
FL  
Zip Code  
33015

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

*[Signature]*

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

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)(f), 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]*

SIGNATURE REQUIRED  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-96 (806) 882-2244  
Date Daytime Phone #

CR-2000 (7/95)