PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 MAR -5 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2/17/09 01010 027 750.00

CR2E081 (12/08)

DOCUMENT # L74977

1. Corporation Name

B & B Promotions, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
13192 Aliso Beach Drive		13192 Aliso Beach Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Delray Beach		Delray Beach	
Zip	Country	Zip	Country
33446	USA	33446	USA

4. Date Incorporated or Qualified To Do Business In Florida 05/23/1990

5. FEI Number 650202944 ☐ 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
Robert Levy

Street Address (P.O. Box Number is Not Acceptable)
13192 Aliso Beach Drive

Suite, Apt. #, Etc.

City	State	Zip Code
Delray Beach	FL	33446

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent _____ Date 3/2/09
REGISTERED AGENT MUST SIGN

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	Robert Levy	13192 Aliso Beach Drive	Delray Beach, FL 33446
T	Barbara Levy	13192 Aliso Beach Drive	Delray Beach, FL 33446

05-09

REINSTATEMENT

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 contained in Chapter 119, 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: _____ 3/2/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #