

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV 2004 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L75881**

1. Corporation Name

Bi-Bi Show, INC.

2. Principal Office Address

11440 S.W. 49th Terrace

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33165

Country

USA

3. Mailing Office Address

16300 N.E. 19th

Suite, Apt. #, etc.

Ste. 100

City & State

N. Miami Beach, FL

Zip

33162

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650196322

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

Mildred Houdayer

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

11305 S.W. 102nd Court

Suite, Apt. #, Etc.

City

Miami, FL 33176

State

FL

Zip Code

33162

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

Mildred Houdayer

REGISTERED AGENT MUST SIGN

Date

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
Pres	Houdayer, Mildred	11440 S.W. 49th Terrace	Miami, FL 33165

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:

Mildred Houdayer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct. 15, 2004

Date

Daytime Phone #

(305) 889-5300

CR2E081 (01/04)