

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 # N96000004944

1. Corporation Name

B.F. INDUSTRIAL CENTER OWNERS' ASSOCIATION, INC

97 DEC -1 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7759 MONTGOMERY ROAD
CINCINNATI OH 45236

Mailing Address

7759 MONTGOMERY ROAD
CINCINNATI OH 45236

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/23/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

31-1480072

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PTD	KANTER, JOHN E	701 LAKEVIEW DRIVE	MIAMI BEACH FL 33140
VPSD	WILDERMUTH, ROBERT E	4700 LASHWOOD DRIVE 7759 MONTGOMERY RD	CINCINNATI OH
D	KANTER, JOSEPH H	3550 BISCAYNE BOULEVARD	MIAMI FL 33137

REINSTATEMENT

97

A. Alan

6000023623677-8
12/04/97 10:068-011

8. Name and Address of Current Registered Agent

KANTER, JOHN E
6010 SUNSET DRIVE
MIAMI FL 33143

9. Name and Address of Registered Agent

Name

***236.25 ***236.25

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

John E. Kanter, President
REGISTERED AGENT MUST SIGN

Date 11/7/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Robert E. Wildermuth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT E. WILDERMUTH

11/5/97 513 7929520
Date Daytime Phone #

CR2E040 (8/97)