

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 NOV 18 AM 8:01

DOCUMENT # **P00000015868**

1. Corporation Name --

**BH-NAVENA, INC.**

Principal Place of Business

**176 EAST FLAGLER STREET  
MIAMI FL 33131**

Mailing Address

**176 EAST FLAGLER STREET  
MIAMI FL 33131**



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

**REINSTATEMENT 02**

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

**02/09/2000**

5. FEI Number

**65-0981664**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

7. Name 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	4 City / State / Zip
D	SHOUA, RAY	176 EAST FLAGLER STREET	MIAMI FL 33131
D	ABADI, OVADIA	3880 N. 38TH AVENUE	HOLLYWOOD FL 33021

0000008707410

10/30/02--01104--016 \*\*750.00

8. Name and Address of Current Registered Agent

**SHOUA, RAY  
176 EAST FLAGLER STREET  
MIAMI FL 33131**

9. Name and Address of New Registered Agent

Name

**RAY SHOUA**

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

**176 EAST FLAGLER ST**

Suite, Apt. #, Etc.

**Miami FL**

City

State

Zip Code

**FL**

**33131**

CR20040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

**11/13/2002**

11. 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:

**OVADIA ABADI PRESIDENT**  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**10/27/002 (305) 358-0222**

**11/21/02**