

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV -4 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000039101

1. Corporation Name

B & A MACHINES, INC.

Principal Place of Business

1961 NW 34TH STREET
MIAMI FL 33142

Mailing Address

1961 NW 34TH STREET
MIAMI FL 33142

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

04/19/2000

5. FEI Number

65-1002662

Applied For

Not Applicable

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 3	City / State / Zip 4
PD	QUINTELA, BERNARDO	1961 NW 34TH STREET	MIAMI FL 33142
VD	ALLEN, ALEJANDRO	1961 NW 34TH STREET	MIAMI FL 33142

000008791480
11/04/02--01101--030 **150.00

8. Name and Address of Current Registered Agent

QUINTELA, BERNARDO
1961 NW 34TH STREET
MIAMI FL 33142

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (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

10/31/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/31/02 305-968-4349

B & A MACHINES, INC.
1961 NW 34TH STREET
MIAMI, FLORIDA 33142-5417

Miami, October 29, 2002

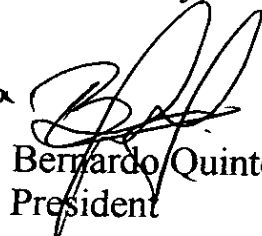
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Dear Sir:

As per our telephone conversation, I am enclosing the only form I have receive in order to renew my corporation. As per your instructions I am enclosing this form with the original fee of \$150.00.

Next year I will be looking for this form between January & May.
Let me know by return mail if you need any other information.

Yours truly,


Bernardo Quintela
President