

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 APR 29 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03 APR 29 AM 10:
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TALLAHASSEE, FLORIDA

DOCUMENT #

P00000048855

1. Corporation Name

2. Principal Office Address

8360 NW 11TH ST

Suite, Apt. #, etc.

City & State

PEMBROKE PINES FL

Zip

33024

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 17, 2000

5. FEI Number

65-1007837

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

RICHARD V MILONE

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

8360 NW 11TH STREET

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33024

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

REGISTERED AGENT MUST SIGN

Date

4/24/03

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.D.	RICHARD V. MILONE	8360 NW 11TH ST	PEMBROKE PINES FL 33024
VP, D	THERESA O'ROURKE	8360 NW 11TH ST	PEMBROKE PINES FL 33024

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/03

Daytime Phone #

(954) 931-9695

CR2E081 (10/02)

gs 4/20

April 23, 2003

B.A.M.M. of South Florida, Inc..
8360 NW 11th Street
Pembroke Pines, FL 33024

Reference: Document Number P00000048855

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam,

I am taking this opportunity to submit a Corporate Reinstatement application for B.A.M.M. of South Florida, Inc. which was administratively dissolved on September 21, 2001.

In speaking to the Reinstatement Department over the phone, I found out that my 2001 Uniform Business Report – the first UBR I was to receive as a corporation - was returned to the Department, not delivered to me. This is because my address changed from what was on my original business registration. Being unfamiliar with the business registration process, I was unaware that there was a requirement to submit annual filing and therefore never inquired about re-registering, having not received a formal notice in the mail requesting me to do so.

I recently met with a local Certified Public Accountant who explained the Uniform Business Report process to me. Now that I understand the requirement, I fully intend to comply with the UBR process from this point forward, of course.

Enclosed please find my Corporate Reinstatement application along with a check in the amount of \$450 for the standard UBR fee for the years 2001, 2002 and 2003. I am hoping that the Department will be lenient in my case since, as a new and small businessman, the extra administrative fee is very difficult for me to handle, given the weak economic conditions we are all operating in.

Thank you in advance for your consideration of this request.

Regards,



Richard V. Milone
B.A.M.M. of South Florida, Inc.