PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 18 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000059229

1. Corporation Name

B & K PROPERTY MANAGEMENT & DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
1409 UNIVERSITY BLVD N JACKSONVILLE FL 32211	3536 UNIVERSITY BLVD N SUITE #236 JACKSONVILLE FL 32277

REINSTATEMENT 03

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/12/2000

5. FEI Number: 59-3659453 (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)

(Titles) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PT	ERHAYEL, BERNARD M	1573 HARRINGTON PARKE DR	JACKSONVILLE FL 32225
VS	ERHAYEL, KELLY M	1573 HARRINGTON PARKE DR	JACKSONVILLE FL 32225

P00002582677
12/30/03--01011--014 **750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
LALLY, W K 6160 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211	Name 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. or 617.0505, F.S.

Signature of Registered Agent: W.K. Lally — REGISTERED AGENT MUST SIGN — Date 12/17/03

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: B. Erhayel Vice Pres. 12/17/03 (904)7432233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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