

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 NOV -1 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000078751

1. Corporation Name

BJFV, INC.

Principal Place of Business

909 SOUTH RIDGEWOOD AVE
DAYTONA BEACH FL 32114
US

Mailing Address

909 SOUTH RIDGEWOOD AVE.
DAYTONA BEACH FL 32114

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

08/21/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

59-3665016

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PRES	VOGES, ROBERT J	11 FOXHUNTER FLAT	ORMOND BEACH FL 32174
CHMN	VOGES, JUDITH F	11 FOXHUNTER FLAT	ORMOND BEACH FL 32174

100008737361
11/01/02--01018--003 **150.00

8. Name and Address of Current Registered Agent

VOGES, ROBERT J
909 S. RIDGEWOOD AVE.
DAYTONA BEACH FL 32114

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

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]
REGISTERED AGENT MUST SIGN

Date

10/21/02

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Judith F. Voges

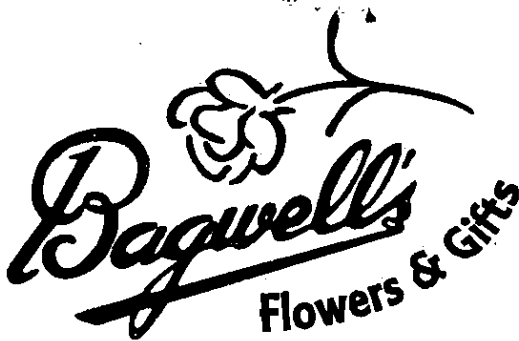
10/21/02

386/257-4423

Date

Daytime Phone #

CR2E040 (8/02)



909 S. Ridgewood Ave.
Daytona Beach, FL 32114
904-257-4423

October 21, 2002

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

CERTIFIED MAIL

To Whom It May Concern:

Enclosed please find our Application for Reinstatement along with the fee to file the report. I am asking that the penalty be waived, as I did not receive the original form. We have normally filed online in prior years.

Please accept my apologies and rest assured that I will put this on a yearly recurring task. Thank you for your understanding.

Sincerely,

A handwritten signature in black ink, appearing to read "Judith F. Voges". The signature is fluid and cursive, with a large loop at the end.

Judith F. Voges

Chairperson