APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 APR 12 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 00000094915

Corporation Name

B B B D ENTERPRISES, INC.

Principal Place of Business	Mailing Address
12521 SW 12 Ln. Miami, Fl. 33184	12521 SW 12 Ln. Miami, Fl. 33184

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
Country / Zip	Country / Zip

4. Date Incorporated or Qualified To Do Business in Florida: 10/00/2000

5. FEI Number: Applied for

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee for a Certificate of Status

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City, State, Zip
P-D Francisco J.Bendana	14999 SW 59 St	Miami, Fl 33193
VP-D Gloria Ordaz	2504 SW 133 Ct.	Miami, Fl. 33175
S Lazaro M Gonzalez	12521 SW 12 Ln	Miami, Fl 33184

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-05/01/02--01085--006
****900.00 ****900.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Gloria Ordaz 2504 SW 133 Ct Miami, Fl, 33175	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc City / State: FL / Zip Code

Having been appointed the registered agent of the above named corporation, I am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: x Gloria Ordaz
REGISTERED AGENT MUST SIGN

Date: 4/9/02

1. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

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: x Gloria Ordaz-Vice President 4/9/02 (305)559-7811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #