

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 11 AM 10:47

DOCUMENT# P00000097824

1. Corporation Name

BHRS, INC.

Principal Place of Business

140 Jefferson Avenue #14017  
Miami, FL 33139

Mailing Address

140 Jefferson Avenue #14017  
Miami, FL 33139

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~c/o Tom Allano~~  
~~7500 N.W. 25 Street~~  
~~209~~

3. New Mailing Office Address, If Applicable

~~c/o Tom Allano~~  
~~7500 N.W. 25 Street~~  
~~209~~

4. Date Incorporated or Qualified  
To Do Business in Florida

10/17/2000

5. FEI Number

65-1052164

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)	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	Robert Stecher	1431 W. 24th Street	Miami Beach, FL 33140
V/S/T/D	Brian Hawthorne	7601 E. Treasure Drive P# 222	North Bay Village, FL 33141

8. Name and Address of Current Registered Agent

Donald J. Kahn  
317 71st Street  
Miami, FL 33141

9. Name and Address of New Registered Agent

Name  
Ronald R. Fieldstone

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

201 Alhambra Circle

Suite, Apt. #, Etc.

601

City

C. Gables

State

FL

Zip Code

33134

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/8/01

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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

Robert Stecher, President

Date

10/8/01

Daytime Phone #

305-490-7447

CR2E01 (1/7/98)

## BHRS, INC.

October 8, 2001

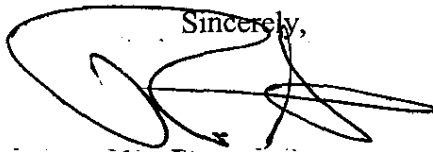
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Gentlemen:

Please be advised that our office did not receive the annual report for BHRS, Inc. or any other notification from the Secretary of State as our principal address had changed and we had not notified your office of our new address. Attached is the Application for Reinstatement together with our check in the sum of \$150.00, representing the annual fees.

Thanking you for your cooperation concerning this matter and if you have any questions, please call us at 305-490-7447.

Sincerely,

A handwritten signature in black ink, appearing to read 'Robert Stecher', written over a horizontal line.

Robert Stecher  
President