

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT

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

DOCUMENT # P00000117596

1. Corporation Name

BH Tour, Inc.
739 E. Atlantic Blvd.
Pompano Beach, Florida 33060

Principal Place of Business

Mailing Address

739 E. Atlantic Blvd.
Pompano Beach, Florida 33060

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

12-28-2000

5. FEI Number

65-1065398

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. Officers and/or Directors	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City, State, Zip
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Pres.	Oliveira, Roseli	6208 Mohawk Terrace	Margate, Florida 33063
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100005254991-1
04/11/02-01066-006
****300.00 ****300.00

194/10

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Oliveira, Roseli
739 E. Atlantic Blvd.
Pompano Beach, Florida 33060

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.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

03-25-02

11. This corporation owes or has paid 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-25-02

Date

Daytime Phone #



The Accounting Clinic

We can make a difference.

March 21, 2002

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

Gentlemen;

Enclosed is a completed application for reinstatement for BH Tour, Inc. Also enclosed is \$ 300.00 for that reinstatement.

We respectfully request that late fees be waived, because of none receipt of the reinstatement form.

Your understanding and cooperation is appreciated.

Sincerely,

Carl Fedele, Former
I.R.S. Field Agent

CF;rk