

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000117608

1. Corporation Name

B.B.P. GROUP INTERNATIONAL CORP.

2. Principal Office Address

6431 NW 82 AVE.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33166

Country

USA

3. Mailing Office Address

6431 NW 82 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33166

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/28/2000

5. FEI Number

65-1065335

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 02-03

**7. Name and Address of Current Registered Agent**

Name

LEON B BREZINER

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

6431 NW 82 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33166

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

*Leon B Breziner*

REGISTERED AGENT MUST SIGN

Date

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T	LEON B BREZINER	6431 NW 82 AVE	MIAMI, FL 33166
VP/S	JOSE RAFAEL BACA	6431 NW 82 AVE	MIAMI, FL 33166

10. 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:

*Jose Rafael Baca*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/16/03

Daytime Phone #

FILED  
03 AUG 14 PM 1:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600022631476  
08/28/03--01025--014 \*\*900.00

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