

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 25 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000019581

1. Corporation Name

B.C.D. OF FL. CORP

13048 SW 120 ST
13048 SW 120 ST

2. Principal Office Address
13048 SW 120 ST

3. Mailing Office Address
13048 SW 120 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI

City & State
MIAMI

Zip
33186

Country
USA

Zip
33186

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number
65-1075729

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04
300040412963
08/23/04--01030--004 **300.00

7. Name and Address of Current Registered Agent

Name
ANGEL A. NAVAS

Street Address (P.O. Box Number is Not Acceptable)
16378 SW 102 ST

Suite, Apt. #, Etc.

City
MIAMI

State **Zip Code**
FL 33196

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**

Date

REGISTERED AGENT MUST SIGN

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
PVST	ANGEL A. NAVAS	13048 SW 120 ST	MIAMI, FL 33186

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: Alejandro Navas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/18/04 (305) 970-9330

CR2E081 (01/04)