


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION**  
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 MAY -7 AM 11:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P01000028752  
**1. Corporation Name**  
B & G OFFICE LEASING, INC.

<b>2. Principal Office Address</b> 2813 S. Hiawassee Road Suite, Apt. #, etc. Suite 204 City & State Orlando, FL Zip 32835		<b>3. Mailing Office Address</b> Suite, Apt. #, etc. City & State Country USA	
Country		Country	

**4. Date Incorporated or Qualified To Do Business in Florida** March 12, 2001  
**5. FEI Number** 59-3727435  
Applied For Not Applicable  
**6. CERTIFICATE OF STATUS DESIRED**  \$875 Additional Fee required for a Certificate of Status

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

Name  
FRANK G. FINKBEINER, ATTY.

Street Address (P.O. Box Number is Not Acceptable)  
108 E. Hillcrest Street  
Suite, Apt. #, Etc.

City  
Orlando, FL

State  
FL

Zip Code  
32801

**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 *[Signature]* Date 4/21/03  
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
D/P	EDWARD R. BIGNON	2813 S. Hiawassee RD#204	Orlando, FL 32835
VP/D	JAMES E. GRAY	2813 S. Hiawassee RD#204	Orlando, FL 32835
S/T	E.P. Bignon	2813 S. Hiawassee RD#204	Orlando, FL 32835
Asst. P	James E. Gray, Jr.	2813 S. Hiawassee RD#204	Orlando, FL 32835
02-03 URR TS			

**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:** *[Signature]* Secretary-Treasurer 4/21/03 407 532-5225  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE081 (10/02)