

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -5 AM 9:45

DOCUMENT # **PO1000033196**

1. Corporation Name

Bada B, Inc.

REINSTATEMENT 02-03

2. Principal Office Address
51 N.E. 10th Street

Suite, Apt. #, etc.

3. Mailing Office Address
P.O. Box 970536

Suite, Apt. #, etc.

516102 90090 040 15000

City & State
Pompano Beach, FL

Zip

33060

Country

USA

City & State
Boca Raton, FL

Zip

33497

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida
March 28, 2001

5. FEI Number
65-1092366

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Stuart M. Smith, Esq.

Street Address (P.O. Box Number is Not Acceptable)
633 S.E. 3rd Avenue

Suite, Apt. #, Etc.
301

City
Fort Lauderdale

State
FL

Zip Code
33301

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 *Stuart M. Smith* Date **4/30/03**
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
P/Dir	Janzie Allmacher	51 N.E. 10 th Street	Pompano Beach, FL 33060
Dir	Dionius Damien Noel	51 N.E. 10 th Street	Pompano Beach, FL 33060

900018023489
05/05/03--0112--017 **750.00

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: *Janzie Allmacher* President Date **4/30/03** (561) 441 7228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

519/832

CR2ED81 (10/02)