

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 801000062746

1. Corporation Name

B.P. Capital Investments, Inc

2. Principal Office Address - No P.O. Box #

20165 Porto Vito Way

Suite, Apt. #, etc.

#801

City & State

Aventura, FL

Zip

33180

Country

US

3. Mailing Office Address

20165 Porto Vito Way

Suite, Apt. #, etc.

#801

City & State

Aventura, FL

Zip

33180

Country

US

REINSTATEMENT

CR2E081 (1/07)

06-07

4. Date Incorporated or Qualified
To Do Business in Florida

6/22/2001

5. FEI Number

65-1117000

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

Bernard Puder

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

20165 Porto Vito Way

Suite, Apt. #, Etc.

#801

City

Aventura

State

FL

Zip Code

33180

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

B. Puder

Date 10/31/07

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
PD	Bernard Puder	20165 Porto Vito Way #801	Aventura, FL 33180
STD	Sandra Puder	20165 Porto Vito Way #801	Aventura, FL 33180

600112011956
11/05/07--01058--015 **\$600.00

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 contained in Chapter 119, 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:

BERNARD PUDE
B. Puder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/07 305 935 2368
Date Daytime Phone #

FILED

2007 NOV -5 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA