

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000072267

1. Corporation Name

BMO DEVELOPMENT CORPORATION

Principal Place of Business

2295 S OCEAN BLVD PH-14
PALM BEACH FL 33480

Mailing Address

2295 S OCEAN BLVD PH-14
PALM BEACH FL 33480

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

To The Attention:
Suite, Apt. #, etc. BARBARA ORENSTEIN

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/20/2001

5. FEI Number

91-2144042

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DVS	ORENSTEIN, BARBARA	2295 S OCEAN BLVD PH-14	PALM BEACH FL 33480
DPT	ORENSTEIN, MICHAEL	2295 S OCEAN BLVD PH-14	PALM BEACH FL 33480

8. Name and Address of Current Registered Agent

ORENSTEIN, MICHAEL
2295 S OCEAN BLVD PH-14
PALM BEACH FL 33480

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-22-02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-02 561-588-8799

Date

Daytime Phone #

CR2E040 (8/02)

PPR 202

10-22-02

To Whom It May Concern -

I SPOKE WITH YOUR OFFICE TODAY AND TOLD THE PERSON I SPOKE WITH THAT WE NEVER RECEIVED THIS NOTIFICATION. SHE HAS IT ON RECORD THAT THE LETTER WAS RETURNED TO YOU, STATING THAT IT COULD NOT BE DELIVERED.

I THOUGHT THAT IN THE FUTURE ALL CORRESPONDENCE SHOULD HAVE EITHER BARBARA ORENSTEIN'S OR MICHAEL ORENSTEIN'S NAME ON THE ADDRESS.

ENCLOSED IS THE CHECK AND I THANK YOU FOR THIS MATTER.



MICHAEL ORENSTEIN