

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC -9 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000072639**

1. Corporation Name

**B & J SPECIALTY FOODS, INC.**

Principal Place of Business

71 N.W. 71 STREET  
MIAMI FL 33150

Mailing Address

71 N.W. 71 STREET  
MIAMI FL 33150

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

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/24/2001

5. FEI Number

65-1123804

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	BUENCONSEJO, JOSEPH A	20379 W COUNTRY CLUB DR APT 1934	MIAMI FL 33182
SVD	BUENCONSEJO, ROSITA	20379 W COUNTRY CLUB DR APT 1934	MIAMI FL 33181

70002533517  
12/09/03--01017--007 \*\*150.00

8. Name and Address of Current Registered Agent

BUENCONSES, JOSEPH A  
71 NW 71ST ST C/O YVETTE B. JOHNSON  
MIAMI FL 33150 457 HOPALONG LANE  
BOCA RATON FL 33487

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]*  
REGISTERED AGENT MUST SIGN

Date 12-1-03

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)(f), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-1-03

Daytime Phone #

CR2E040 (7/03)

# B&J Specialty Foods Inc.

C/O YVETTE B. JOHNSON  
457 HOPALONG LANE  
BOCA RATON, FLORIDA 33487  
☎ 516-302-2689.

December 1, 2003

Ms. Glenda E. Hood  
Secretary of State  
Division of Corporations  
Florida Department of State.  
P. O. Box 6327  
Tallahassee, Florida

Re: Document No. P01000072639

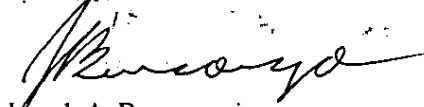
Dear Madam;

Further to our various telephone conversation with your office and my conversation with your office today, I am hereby kindly requesting that my corporation be returned to an active status. I have not received any Notices or two prior UBR notices and therefore request that the penalty and revocation be revoked.

Enclose please find completed Application for Reinstatement and a check for \$150.00 as required.

Thank you for your assistance in this regard.

Sincerely,



Joseph A. Buenconsejo  
President/Registered Agent