

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV -4 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000081309

1. Corporation Name

BKGRRA, INC.

Principal Place of Business

~~2740 SW MARTIN DOWNS BLVD SUITE 230~~
~~PALM CITY FL 34990~~

Mailing Address

~~2740 SW MARTIN DOWNS BLVD SUITE 230~~
~~PALM CITY FL 34990~~

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

5557 S.E. Federal Hwy

City & State
Stuart, FL

Zip
34997

Country
USA

Suite, Apt. #, etc.

5557 S.E. Federal Hwy

City & State
Stuart, FL

Zip
34997

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/17/2001

5. FEI Number

65-1134144

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
D/P	Lawrence P. Addeo	5557 S.E. Federal Hwy	Stuart, FL 34997
S/T	Marc DiMarzo	5557 S.E. Federal Hwy	Stuart, FL 34997

100008789411
11/04/02--01094--002 **150.00

W/8

8. Name and Address of Current Registered Agent

RUTLAND, LEONARD JR, ESQ
759 S FEDERAL HIGHWAY SUITE 303
STUART FL 34994

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 10-29-02

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
Lawrence P. Addeo

Date

Daytime Phone #

10/29/02 (722)
286-5505

CR2E040 (8/02)

October 29, 2002

**Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

RE: Reinstatement Fee

I did not receive prior UBR notices and request the reinstatement fee be waived. This is a new family business and with the state of the economy, it is a daily struggle to keep the business in operation. I have put every available dollar back into the business for necessary maintenance. Waiving the fee will be a positive for the future of my company and greatly help offset the financial burden of a new business.

Thank you,

A handwritten signature in black ink, appearing to read "Lawrence Addeo". The signature is fluid and cursive, with the first name "Lawrence" written in a larger, more prominent script than the last name "Addeo".

**Lawrence Addeo
President**