

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P01000110896

1. Corporation Name

ITAGRE, INC.

Principal Place of Business

Mailing Address

2920 E COMMERCIAL BLVD  
FT LAUDERDALE FL 33308

2920 E COMMERCIAL BLVD  
FT LAUDERDALE FL 33308

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/20/2001

5. FEI Number

20-0298844 APPLIED FOR

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	BURAN, SAM	2920 E COMMERCIAL BLVD	FT LAUDERDALE FL 33308

8. Name and Address of Current Registered Agent

SANCHEZ, DOLORES K ESQ  
4701 N FEDERAL HWY, STE 316  
LIGHTHOUSE POINT FL 33064

9. Name and Address of New Registered Agent

Name SAM BURAN  
Street Address (P.O. Box Number is Not Acceptable)  
2920 E. Commercial Blvd.  
Suite, Apt. #, Etc.

City Ft. Lauderdale

State FL

Zip Code 33308

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

REGISTERED AGENT MUST SIGN

Date

10/14/03

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAM BURAN

Date

Daytime Phone #

10-14-03 154-412-9989

FILED  
03 OCT 17 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
REINSTATEMENT 03



800023910948  
10/17/03--01072--026 \*\*158.75

CR2E040 (7/03)

October 14, 2003

Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

Re: AJS Oil & Food Co., Inc.  
BCD Holdings of South Florida, Inc.  
Itagre, Inc.

To Whom It May Concern:


Enclosed please find the For Profit Corporation Application for Reinstatement for the above mentioned companies, that we recently received in the mail along with check number 3694 for an amount of \$158.75, check number 3695 for an amount of \$158.75 and check number 3696 for an amount of \$158.75.

We apologize for not returning the Uniform Business Reports, but we never received the renewal information in the mail and we were unaware that they were past due until we received the Notice of Administrative Dissolution or Revocation package.

Please accept our apology, but since we did not receive the renewal information in the mail, we are hoping that you will overlook the late fees.

Thank you in advance.

Sincerely,

  
Sam Buran  
Secretary/Director

Enclosures