

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 OCT 16 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000033337

1. Corporation Name

B&L TRADING, INC.

Principal Place of Business

Mailing Address

~~314 DANIA ST~~
LEHIGH ACRES FL ~~33936~~

~~314 DANIA ST~~
LEHIGH ACRES FL ~~33936~~



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

4. Date Incorporated or Qualified
To Do Business in Florida

03/21/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State
Lehigh Acres, FL

City & State
Lehigh Acres, FL

30-00866014

Not Applicable

Zip 33970 Country Lee

Zip 33970 Country Lee

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
D	PALLADENO, LISA	20023 LAKE VISTA CIR	LEHIGH ACRES FL 33936
DP	KRUMPE, KAREN	314 DANIA ST	LEHIGH ACRES FL 33936 33972
DST	KRUMPE, ROBERT	314 DANIA ST	LEHIGH ACRES FL 33936 33972

800023856588

10/16/03-01054-010 **150.00

BW/20

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KRUMPE, KAREN
314 DANIA ST
LEHIGH ACRES FL ~~33936~~ 33972

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

Karen K. Krumpe

REGISTERED AGENT MUST SIGN

Date

10/9/03

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:

Karen K. Krumpe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/03

Date

239-369-5156

Daytime Phone #

CR2E040 (7/03)

10/9/03

BEL Trading did not receive the
two Prior Uniform business report notices.

Thank you,
Karen H. Krumpke