

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 20 PH 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000067889

1. Corporation Name

BFM INVESTMENTS INC.

\$300.00

2. Principal Office Address

2955 NORTH BAY RD

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

33140

Country

USA

3. Mailing Office Address

2588 SW 27 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33131

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 06-20-02

5. FEI Number

27-0027063

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03.04

7. Name and Address of Current Registered Agent

Name

CONSULTING SERVICES OF SOUTH FLORIDA

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

2588 SW 27TH AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33131

800035785908

05/07/04--01085--024 **1060.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Antonio Daccin

Date 04-16-04

REGISTERED AGENT MUST SIGN

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|-----------------------|
| D | FITA, CARLOS F | 1825 PONCE DE LEON | CORAL GABLES FL 33134 |
| D/P | BLANCO, JUAN P | 1825 PONCE DE LEON | CORAL GABLES FL 33134 |
| D/S | MARTINEZ, ENRIQUE | 1825 PONCE DE LEON | CORAL GABLES FL 33134 |
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10. 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:

Antonio Daccin

04-16-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)