

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 NOV -7 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000069077

1. Corporation Name

BEM BRASILEIRA INC.

Principal Place of Business

Mailing Address

255 E. FLAGLER ST  
SUITE 101  
MIAMI FL 33131

255 E. FLAGLER ST  
SUITE 101  
MIAMI FL 33131

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

06/21/2002

5. FEI Number

33-1010124

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
P	COLON, DAVID E	255 E. FLAGLER ST. SUITE 101	MIAMI FL 33131
VP	COLON, MARCIA V	255 E. FLAGLER ST. SUITE 101	MIAMI FL 33131

900024508819

11/07/03--01052--005 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COLON, MARCIA V  
255 E. FLAGLER ST.  
101  
MIAMI FL 33131

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

28 Oct 2003

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  
DAVID E. COLON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

28 Oct 2003 786 514 217.

Daytime Phone #

CR2E040 (7/03)

*Bem Brasileira Inc.*

28 October 2003

Reference: Corporate reinstatement of document P02000069077.  
Bem Brasileira Inc., FEI number is 33-1010124.

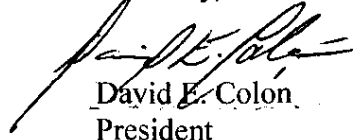
Attn: Florida Department of State Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee FL 32314-6327.

The application for reinstatement was not received until now; therefore we could not process the payment on time.

We did have some problems with mail delivery by the post office, and once we realized we were not getting mail for a period of time, we asked the Post Master and they corrected the problem.

Appreciate the assistance you provide in solving this situation. I have attached the check for the Annual Report fee for \$150.00 dollars. Please contact me at (786) 514-2174 with further instructions if needed for the reinstatement of the Corporation.

Sincerely,

  
David E. Colon  
President