

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 NOV -3 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P02000071027**

**1. Corporation Name**

B-SSURANT CAPITAL, INC.

**2. Principal Office Address**

801 Interntional Pkw.

Suite, Apt. #, etc.

5th Flr.

City & State

Lake Mary, FL

Zip

32746

Country

**3. Mailing Office Address**

801 International Pkwy.

Suite, Apt. #, etc.

5th Flr.

City & State

Lake Mary, FL

Zip

32746

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

6/27/02

**5. FEI Number**

20-0167033

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 03

**7. Name and Address of Current Registered Agent**

Name Willis, David C.

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

225 E. Robinson St.,

Suite, Apt. #, Etc.

Suite 600

City

Orlando

State  
FL

Zip Code  
32801

**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

REGISTERED AGENT MUST SIGN

Date

**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	Bohyn, Christian	801 International Pkwy., 5th Flr.	Lake Mary, FL 32746

**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:**

CHRISTIAN BOHYN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/27/03

Date

407 562-1856

Daytime Phone #

CR2081 (10/02)

October 23, 2003

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

Re: Uniform Business Report

To Whom It May Concern:

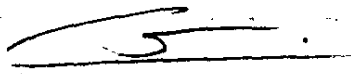
I am writing regarding the handling of the filing of the above noted form. This is to inform you the original was mailed to you along with a check in the amount of \$550.00 in the beginning of September. I received in the mail a notice that you did not receive such filing.

My accountant, Eileen Gibson, contacted your office for assistance on resolving a matter such as this. She was informed to have me file the reinstatement form and mail a check for \$550.00 along with this letter.

Why this did not reach your office I do not know. As I stated above I met with my accountant in the beginning of September where we discussed and handled cutting the check, filing and mailing the form.

I would appreciate you not penalizing me in any manner as I took the appropriate actions on my part to get it filed prior to the September 10 deadline.

Thank you for your assistance in this regard.

  
Christian Bohyn  
B SSurant Capital, Inc.