

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAR 29 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000081982

**1. Corporation Name**

BEMA BLOCK CORP.

200029415712  
03/11/04--01004--006 \*\*141.25

**REINSTATEMENT** 03-04

**2. Principal Office Address**

8004 NW 154TH ST. #382

**3. Mailing Office Address**

8004 NW 154 ST. #382

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI LAKES, FLORIDA

City & State

MIAMI LAKES, FLORIDA

Zip

33016

Country

DADE

Zip

33016

Country

DADE

**4. Date Incorporated or Qualified  
To Do Business in Florida** 07-29-2002

**5. FEI Number**  
74-3054591

Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

\$8.75 Additional Fee required  
for a Certificate of Status

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

Name  
BRAYNERT MARQUEZ

Street Address (P.O. Box Number is Not Acceptable)  
8004 NW 154 STREET

Suite, Apt. #, Etc.  
#382

City  
MIAMI LAKES

State  
FL

Zip Code  
33016

**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

Date 02/19/2004

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
PRESIDENT	BRAYNERT MARQUEZ	8004 NW 154 STREET #382	MIAMI LAKES, FL 33016

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-04

Date

Daytime Phone #

CR2E081 (01/04)