


ORIGINAL

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 JUL -5 AM 10:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 402000081857					
1. Corporation Name B & B INTERPAIZE OF HILLSBOROUGH, INC					
2. Principal Office Address 7401 ALMARK ST Suite, Apt. #, etc.			3. Mailing Office Address 7401 ALMARK ST Suite, Apt. #, etc.		
City & State TAMPA, FL			City & State TAMPA, FL		
Zip 33625		Country HILLS		4. Date Incorporated or Qualified To Do Business in Florida 8-13-02	
5. FBI Number 51-0426508		Applied For Not Applicable		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name BENNY PARTON, II					
Street Address (P.O. Box Number is Not Acceptable) 7401 ALMARK ST					
Suite, Apt. #, Etc.					
City TAMPA			State FL		Zip Code 33625
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 <i>Benny Parton II</i>				Date 6/30/05	
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	
P	BENNY PARTON, II	7401 ALMARK ST		TAMPA, FL 33625	
VP	BENNY PARTON	7401 ALMARK ST		TAMPA, FL 33625	
000057022380 07/05/05-01054-003 **1050.00 6/7/12					
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: <i>Benny Parton II</i> Benny Parton				Date 6-30-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

CR2E081 (01/05)