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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 13 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO2000188103

1. Corporation Name

BGE Solutions, Inc

2. Principal Office Address

9830 DUNHILL DR

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

City & State

FL

Zip

33025

Country

USA

Zip

Country

REINSTATEMENT 03-04
MRS

4. Date incorporated or Qualified
To Do Business in Florida

10/4/02

5. FEI Number

☒ 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

JAMES D. McQUEEN

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

9830 DUNHILL DR

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33025

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

[Signature]

Date

7/11/04

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
Pres	JAMES D. McQUEEN	9830 DUNHILL DR	MIRAMAR, FL 33025

500039642725
07/26/04 01042 004 ***300.00

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/11/04

Daytime Phone #

(305) 332-3592

CR2E081 (01/04)

292

July 11, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32124

To It May Concern:

I am the principal in BGE Solutions, Inc. I am seeking a waiver as it relates to the annual filing requirement. I have had some difficulty receiving mail during the past year, a problem that has now been corrected. Please find enclosed a check in the amount of \$300.00 for reinstatement.

Your kind consideration will be greatly appreciated.

Sincerely,



James D. McQueen