

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000140680

1. Corporation Name

BMG of Riviera Beach, Inc.

2. Principal Office Address - No P.O. Box #

2001 Broadway

Suite, Apt. #, etc.

Suite 101

City & State

Riviera Beach, FL

Zip

33404

Country

USA

3. Mailing Office Address

2001 Broadway

Suite, Apt. #, etc.

Suite 101

City & State

Riviera Beach, FL

Zip

33404

Country

USA

7. Name and Address of Current Registered Agent

Name

Wayne M. Richards, Esq.

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

2001 Broadway

Suite, Apt. #, Etc.

Suite 101

City

Riviera Beach

State

FL

Zip Code

33404

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

Wayne M. Richards

REGISTERED AGENT MUST SIGN

Date 2-1-07

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	<u>James T. Houston</u>	<u>733 S.W. MLK Drive Suite A</u>	<u>Belle Glade, FL 33430</u>
VP	<u>Tarra L. Pressey</u>	<u>3800 North Ocean Drive No. 753</u>	<u>Riviera Beach, FL 33404</u>
S	<u>Andrew Luchey</u>	<u>1551 Forum Place Suite 400-E</u>	<u>W. Palm Beach, FL 33411</u>
T	<u>Wayne M. Richards</u>	<u>2001 Broadway Suite 101</u>	<u>Riviera Beach, FL 33404</u>

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 contained in Chapter 119, 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:

Tarra L. Pressey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-07

Date

561-840-0999

Daytime Phone #

FILED

2007 FEB -5 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400087713194
02/08/07--01024--009 ***450.00

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

11/19/2003

5. FEI Number

65-1218298

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status



The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7/1/07