


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 MAY 11 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P05000070243*

1. Corporation Name
Bimley Corp.

2. Principal Office Address - No P.O. Box #
2000 ISLAND BLVD

Suite, Apt. #, etc.
1204

City & State
Aventura, FL

Zip Country
33160 USA

3. Mailing Office Address
2000 ISLAND BLVD

Suite, Apt. #, etc.
1204

City & State
Aventura, FL

Zip Country
33160 USA

400178918844
04/29/10--01033--007 **150.00
REINSTATEMENT 08-10

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
20-2866998

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
MRS. SANDRA E. Fielding

Street Address (P.O. Box Number is Not Acceptable)
2000 ISLAND BLVD

Suite, Apt. #, Etc.
1204

City State Zip Code
Aventura, FL 33160

PROFIT CORPORATIONS ONLY

The \$600.00 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.

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 _____

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
<i>D</i>	<i>JEREMY R. Fielding</i>	<i>135 E 83 ST. # 10 B</i>	<i>New York, NY 10028</i>
<i>P</i>	<i>SANDRA Fielding</i>	<i>2000 ISLAND BLVD # 1204</i>	<i>Aventura, FL 33160</i>

10. E-mail Address: *FIELDING231@AOL.COM*
(To be used for future annual report notification)

11. 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. I further certify, 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 Daytime Phone #

5/11/10