

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000020484

1. Corporation Name

B&B Metro International Inc

W10 - 2595

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

1804 W Reynolds St

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Plant City, FL

City & State

Zip

33563

Country

US

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida **2/09/2006**

5. FEI Number

204409217

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

Burcin Burak Badat

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

4020 Concord Way

Suite, Apt. #, Etc.

City

Plant City

State

FL

Zip Code

33566

☒ 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.

800166588198

01/25/10--01054--014 **150.00

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 **01/04/2009**

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	Burcin Burak Badat	4020 Concord Way	Plant City, FL 33566

10. E-mail Address: **burakbadat@hotmail.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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/04/2009 813-299-1524

Date

Daytime Phone #

FILED

10 JAN 25 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800166588198

01/19/10--01033--024 **300.00

REINSTATEMENT 08-10

1/26/09