

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000098907

Entity Name: BP NATIONAL INC.

FILED
Jul 28, 2009
Secretary of State

Current Principal Place of Business:

950 S. PINE ISLAND RD.
108
PLANTATION, FL 33321

Current Mailing Address:

950 S. PINE ISLAND RD.
108
PLANTATION, FL 33321

New Principal Place of Business:

8201 PETERS RD
1000-56
PLANTATION, FL 33324

New Mailing Address:

8201 PETERS RD
1000-56
PLANTATION, FL 33324

FEI Number: 80-0449670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUCKER, KARLTON
950 S. PINE ISLAND
108
PLANTATION, FL 33321 US

Name and Address of New Registered Agent:

MASON MD-PHD, CARROLE PRES
8201 PETERS RD
1000-56
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CARROLE MASON MD PHD

07/28/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TUCKER, KARLTON
Address: 950 S. PINE ISLAND RD
City-St-Zip: PLANTATION, FL 33321

Title: T () Delete
Name: MASON, CHRISTOPHER
Address: 950 S. PINE ISLAND RD.
City-St-Zip: PLANTATION, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MASON MD-PHD, CARROLE
Address: 8201 PETERS RD
City-St-Zip: PLANTATION, FL 33324

Title: T (X) Change () Addition
Name: MASON, CHRISTOPHER
Address: 8201 PETERS RD
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARROLE MASON MD-PHD

PRES

07/28/2009

Electronic Signature of Signing Officer or Director

Date