PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION ISTATEMENT	FLORIDA DEPAR Secretar DIVISION OF (ry of S	tate		FILED CRETARY OF STATE LATASSEE, TILORIDA	
DOCUMENT # P1000064039 1. Corporation Name					13 APR 16 AM 9:31		
	&B Property Hold	ings, Inc.		:			
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 403 SE 15t Street Seume							
Suite, Apt.		Suite, Apt. #, etc.			CR2E081 (11/10) 4. Date Incorporated or Qualified To Do Business in Florida		
City & Stat		City & State	5. FEI Nur		5. FEI Numbe	3/5/10 Applied For	
LELY Zip	ay Beach FL	Zip	Country		6. CERTIFICATE OF STATUS DESIDED \$8.75 Additional Fee require		
3341					CERTIFICAT	TE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status	
7. Name and Address of Current Registered Agent Name Rau J Rodriguez Street Address (P.O. Box Number is Not Acceptable)					700244781857 04/16/1301006025 **608.75		
403 SE 15 Street					02/15/13=-01033024 ***300.00		
City	elray Beach		State FL	z10000 33483			
8. I, being Signature Registered	I Agent\ /Vc	ove named corporation, am		with and accept the ob	ligations of sect	Date 2-12-13	
9. Name	s and Street Addresses of Each Officer an	d/or Director/Florida nonpr	ofit corp	orations must list at lea	st 3 directors)		
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip	
D	Raul J Rodriguez	403	Se	15 Street		Delray Beach FL 33483 Delray Beach FL 33483	
D	Valence Bagwar	403	SE	1st Street	†	Delray Beach FL 3348	
						APR 1 8 2019	
						T. CAULEY	
0. E-m a	II Address: rodniau	zmd@aol.c	øΜ		-	" AUAPEL	
1. I certify	that I am an officer or director or the receive	(To ver or trustee empowered to	be used to	or future annual report rething application as pro	ovided for in cha	oter 607 or 617, F.S. I further certify that when filing this	
reinstat owed b	ement application, the reason for dissolution the corporation have been paid. I further the corporation have been paid.	on has been eliminated, the certify, the information indic	corporat ated on t	e name satisfies the re his application is true a	quirements of se and accurate, an	action 807.0401 or 617.0401, F.S., and that all fees d my signature shall have the same legal effect as degree felony as provided for in s.817.155, F.S.	

SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

561-266-8866

SIGNATURE: