

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2016 JAN 23 AM 10:00

DOCUMENT # P15000677951

1. Corporation Name

BMR Group Ticket Corp

600308270468
01/23/18--01036--005 **1050.00

CR2E081 (11/10)

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

3. Mailing Office Address

10161 Lake Vista Court

10161 Lake Vista Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Parkland FL

Parkland FL

City & State

City & State

33076 USA

33076 USA

Zip Country

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

9/22/15

5. FEI Number

47/5126984

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
Michael Pollard

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

10161 Lake Vista Ct

Suite, Apt. #, Etc.

City
Parkland

State
FL

Zip Code
33076

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

Michael Pollard

Date

1/17/18

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
Co-President	Michael Pollard	10161 Lake Vista Ct Parkland FL 33076	
Co-Treasurer	Rouven Moshkovski	400 W. 63rd St Apt 809 NY, NY 10069	
Co-President	Jeff Beaudette	2090 West First St Ft Myers FL 33901	
REINSTATEMENT - \$1,600.00			D DUNLAP
2016, 17, & 18 Annual Reports - \$450.00			JAN 23 2018
B 1,050.00			

10. E-mail Address: bmrgroupco@gmail.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Michael Pollard Michael Pollard

1/17/18

516 835-5666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #