

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 17 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA3000047701

1. Corporation Name

BH INVESTMENT CORPORATION
1200 HOMESTEAD

Principal Place of Business

Mailing Address

1055 Kane Concourse
Bay Harbor Islands, Florida 33154

REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/29/93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0431929

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres.	Moses Hersman	1055 Kane Concourse	Bay Harbor Islands, Fl 33154
VP.	Moises Selesky	1055 Kane Concourse	Bay Harbor Islds, Fl.
S	Allen Berry	1055 Kane Concourse	Bay Harbor Isld, Fl.
T	Enrique Hersman	1055 Kane Concourse	Bay Harbor Isld, Fl.
			000002719360--E -12/22/98--01076--001 ***\$923.75 ***\$923.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Hersman, Moses
1055 Kane Concourse
Bay Harbor Islands, Fl. 33154

Name
000002719360--E
Street Address (P.O. Box Number is Not Acceptable)
12/22/98 01076 002
***\$135.00 ***\$135.00
Suite, Apt. #, Etc.
City
State
FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Moses Hersman

Date

12-15-98

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Moses Hersman

Moses Hersman, President

Date

1/15/98

Daytime Phone #

861-8981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (12/96)