


PLEASE READ ALL INSTRUCTIONS BEFORE C

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b>
		<b>Secretary of State DIVISION OF CORPORATIONS</b>

**DOCUMENT #** P93 0000 85915  
**1. Corporation Name** B ONE SERVICE CO  
9500 NW 77 AVE STE 15  
HALEAH GARDENS- FL 33016

<b>2. Principal Office Address</b> <u>9500 NW 77 AVE</u>		<b>3. Mailing Office Address</b> <u>9500 NW 77 AVE</u>	
Suite, Apt. #, etc. <u>15</u>		Suite, Apt. #, etc. <u>15</u>	
City & State <u>HALEAH GARDENS FL</u>		City & State <u>HALEAH GARDENS FL</u>	
Zip <u>33016</u>	Country <u>MIAMI-DADE</u>	Zip <u>33016</u>	Country <u>MIAMI-DADE</u>

**REINSTATEMENT** 01-04  
MRS

**4. Date Incorporated or Qualified To Do Business in Florida**  
**5. FEI Number** 68-0469434 **Applied For**  
**6. CERTIFICATE OF STATUS DESIRED** ☒ **\$8.75 Additional Fee required for a Certificate of Status**

**7. Name and Address of Current Registered Agent**  
**Name** JOSE M RODRIGUEZ  
**Street Address (P.O. Box Number is Not Acceptable)** 2911 S W 98 AVE  
**Suite, Apt. #, Etc.** 10005119549  
04/19/05--01021--015 \*\*1200.00  
**City** MIAMI FL. **State** FL **Zip Code** 33165

**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**

Jose M Rodriguez  
**REGISTERED AGENT MUST SIGN**

**Date**

**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	AMABLE B FALERU	2310 S W 92 PL	MIAMI FL. 33165
S	JOSE M RODRIGUEZ	2911 S W 98 AVE	MIAMI FL. 33165

**10. 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:**

Jose M Rodriguez  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

CR2E081 (01/05)