

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 26 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000021086

1. Corporation Name

B.F.P. ENTERPRISE CORP.

Principal Place of Business

705 WEST FLAGLER ST.  
MIAMI FL 33130

Mailing Address

705 WEST FLAGLER ST.  
MIAMI FL 33130

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/18/1994

5. FEI Number

65-0477624

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	PEREZ, ALIDA	7701 SW 163 PLACE	MIAMI FL 33193
SD	SIMON, TERESA	444 SW 27 AVE., APT 57	MIAMI FL 33135

8. Name and Address of Current Registered Agent

PEREZ, ALIDA  
7701 SW 163 PLACE  
MIAMI FL 33193

9. Name and Address of New Registered Agent

Name

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

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Alida Perez* SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/4/02

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., 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:

*Alida Perez* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/4/02

Daytime Phone #

CR2E040 (8/02)

B.F.P. ENTERPRISE CORP.  
16181 SW 73 STREET  
MIAMI, FL. 33193

November 4, 2002

Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL. 32314-6327


Ein#: 65-0477624  
Doc#: P94000021086

Dear Madam/Sir:

I am writing to request reconsideration in reinstating my corporation with the original fee of \$150.00. My former accountant has developed a condition (maybe Altsheimer) and seems to be forgetting what needs to be taken care of. It has been very difficult to try and get back from him all of my documents and to sort out what has been filed and what has not.

I am also requesting a change in mailing address so that I can be insured that I will receive all information on time.

Your kind attention in this matter is greatly appreciated.

Sincerely,  
  
Alida Perez  
President