

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG 30 AM 11:24

DOCUMENT # PG4000085060

1. Corporation Name

B.S. Peck, Inc.

300004572469--8

-09/06/01--01046--022

***1350.00 ***1350.00

2. Principal Office Address

1871 Opa Locka Blvd

3. Mailing Office Address

1871 Opa Locka Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Opa Locka, FL

City & State

Opa Locka, FL

Zip

33054

Country

Miami Dade

Zip

33054

Country

Miami Dade

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

Apex 6 years

5. FEI Number

65-0489171

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

Bennie Starling

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

3274 N.W. 181st Street

Suite, Apt. #, Etc.

City

Carol City,

State

FL

Zip Code

33056

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

Katherine Harris
REGISTERED AGENT MUST SIGN

Date 8/24/01

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
Pre	Bennie Starling	3274 N.W. 181st Street	Carol City, FL 33056

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:

Bennie Starling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/01

Date

305-624-7432

Daytime Phone #

CR2001 (8/00)