

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 OCT 27 PM 2:04

DOCUMENT # P94000657818

1. Corporation Name

Birch Road Properties, Inc.

WI-32022

000182818320
07/01/10--01036--023 **750.00

REINSTATEMENT 07-10
CR28081 (6/10)

KS

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

506 NE 11th Ave

Suite, Apt. #, etc.

City & State

Ft Lauderdale FL

Zip

33301

Country

USA

3. Mailing Office Address

506 NE 11th Ave

Suite, Apt. #, etc.

City & State

Ft Lauderdale FL

Zip

33301

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2004

5. FEI Number

650511912

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

000182818320
10/27/10--01039--008 **450.00

7. Name and Address of Current Registered Agent

Name

Leslie Johnson Jr.

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

5731 CRESTVIEW DR

Suite, Apt. #, Etc.

City

Lady Lake

State

FL

Zip Code

32159

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

Leslie Johnson Jr.

REGISTERED AGENT MUST SIGN

Date 6-26-2010

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	Marylyn Springer	506 NE 11 th Ave	Ft Lauderdale, FL 33301

10. E-mail Address: marylynspr@qol.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., 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.

SIGNATURE:

Marylyn Springer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

June 2010

Daytime Phone #

954-4401-9831