

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 30 AM 11:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000016527

1. Corporation Name

BMB PROPERTIES, INCORPORATED

REINSTATEMENT 97-04

100031358281
03/29/04--01097--016 **1800.00

2. Principal Office Address

4316 Fox Ridge Dr

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State Weston, FL 33331

City & State

Zip 33331

Country USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2-27-1995

5. FEI Number

65-0563754

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 Mammen Jacob

Street Address (P.O. Box Number is Not Acceptable)
4316 Fox Ridge Dr

Suite, Apt. #, Etc.

City Weston

State
FL

Zip Code
33331

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

Mammen Jacob

REGISTERED AGENT MUST SIGN

Date

3-24-04

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	Mammen Jacob	4316 Fox Ridge Dr	Z Weston FL 33331

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)(l), 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:

MAMMEN C. JACOB

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mammen Jacob 3-24-04

CR2081 (07/04)