

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



FLORIDA DEPARTMENT OF REVENUE
S. B. J. Khan
S. B. J. Khan
DIVISION OF CORPORATIONS

FILED

DOCUMENT # *P950000 44744*

95 DEC 23 PM 12: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

BBN CONSULTANTS, INC.

Principal Place of Business

Mailing Address

4699 N. FEDERAL HWY.

SAME

POMPANO BEACH FL 33064

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 14, 1995

5. FEI Number

65-0587210

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
<i>D</i>	<i>JULIUS SCHURKMAN</i>	<i>4699 N. FEDERAL HWY</i>	<i>POMPANO BEACH FL 33064</i>

500002040495--5
12/30/96 01000 023
*****208.75 ****208.75*

[Signature]
12/23/96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RITA HOLZ
5420 NO. OCEAN DRIVE
SINGER ISLAND FL 33404

Name
JULIUS SCHURKMAN
Street Address (P.O. Box Number is Not Acceptable)
4699 N. FEDERAL HWY
Suite, Apt. #, Etc.
City
POMPANO BEACH
State
FL
Zip Code
33064

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.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date *12/20/96*

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

JULIUS SCHURKMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/96
Date

814-917-9444
Daytime Phone

CR2E040 (12/95)