


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

 FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 JAN -4 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000078376

1. Corporation Name

B & B VISUAL DISPLAY, INC.



Principal Place of Business

9001 NW 97 TERRACE
#J
MEDLEY FL 33178

Mailing Address

9001 NW 97 TERRACE
#J
MEDLEY FL 33178

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

2. New Principal Office Address, If Applicable

8840 NW 108th
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

8840 NW 108th
Suite, Apt. #, etc.

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10/09/1995

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

HIA Garden FL

City & State

HIA Garden FL

Zip

33018

Country

DATE

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	PADRON, GEORGE	9665 SW 69TH CT	MIAMI FL 33186

500002738585--D
-01/12/99-01080-024
****758.75 ****758.75

8. Name and Address of Current Registered Agent

PADRON, GEORGE
10091 SW 143RD PL
MIAMI FL 33186

9. Name and Address of New Registered Agent

Name

George PADRON

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

8840 NW 108th

Suite, Apt. #, Etc.

HIA Garden FL

City

State

FL

Zip Code

33018

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 12-20-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-20-98 (305)662-9851

Date

Daytime Phone #