


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #9500083595
1. Corporation Name **B P P ENTERPRISES INC**

FILLED
2008 OCT 16 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
100136980051
10/16/08--01032--012 **300.00
JAW-21

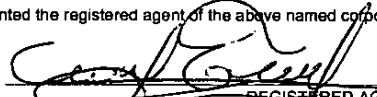
REINSTATEMENT CR2E081 (10/08) 01-08

2. Principal Office Address - No P.O. Box # 105 NE 128 ST Suite, Apt. #, etc. MIAMI FL City & State 33161 Zip		3. Mailing Office Address 105 NE 128 ST Suite, Apt. #, etc. MIAMI FL City & State 33161 Zip	
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4. Date incorporated or Qualified To Do Business in Florida 9/14/2007	
5. FEI Number 650625637	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name HUBERT JEAN-BAPTISTE	
Street Address (P.O. Box Number is Not Acceptable) 105 NE 128 ST	
City MIAMI FL	State FL
Zip Code 33161	

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 	Date 10-14-08
REGISTERED AGENT MUST SIGN	

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
	HUBERT JEAN BAPTISTE		
	Hubert Jean-Baptiste	Same as above	Miami, FL 33161

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 contained in Chapter 119, 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: 	Date 10-14-08
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	