

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILLED

2008 OCT 16 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100136980051

10/16/08--01032--012 **300.00

JA W-21

DOCUMENT # 9500083595
1. Corporation Name **BPP ENTERPRISES INC**

2. Principal Office Address - No P.O. Box # 105 NE 128 ST		3. Mailing Office Address 105 NE 128 ST	
Suite, Apt. #, etc. MIAMI FL		Suite, Apt. #, etc. MIAMI FL	
City & State 33161		City & State 33161	
Zip	Country	Zip	Country

REINSTATEMENT
CR2E081 (10/08)

01-08

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

Suite, Apt. #, Etc.
MIAMI FL

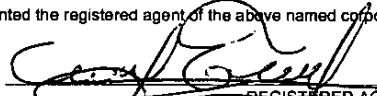
City
MIAMI FL

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 TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #