PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT#**

P95000084300

1. Corporation Name

**B & M ENTERPRISES, INC.** 

Principal Place of Business

Mailing Address

17251 BRIDLE WAY TRAIL **BOCA RATON FL 33496** 

17251 BRIDLE WAY TRAIL **ROCA RATION FL 33498** 

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



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| Sure, Apt. F, etc.  City & State  City & Sta | 211   | TATEMENT C   | REINS                                    |  |   |   |  |  | FF-2                                  |
| Suite, Apt. #, etc.  Suite, Ap | 005   |  |  | ss, if Applicable  | iling Office Addres   | 3. New Mai  | Address, If Applicable                                       | ncipat Office A                                    | 2. New Prin                           |
| City & State  Country  Country | <del></del>   | - P(-)   |  | Suite, Apt. #, etc.  |   |   | Suite, Apt. #, etc.  |  |                                       |
| Title(s)   Zip   Country   Zip   Country   Centrificate of Stratus DESIRED     \$5.75 Adjuntonic of a Centrification of  | Applied For<br>Not Applicable                               | i upplied t  |  |  | 9   | y & State City & State  |  |  | City & State                          |
| 7. Names and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list all least 3 directors)  Street Address of Each Officer and/or Directors  1 Ti-le(s) 2  | itional Fee required  | \$8.75 Addit   | 6.                                       | ountry   | Co  | Zip   | Country  |  | Zip                                   |
| Name and Address of Current Registered Agent   Street Address of Each  | lificale of Status  | for a Certi  |  |  |   |   |  |  |                                       |
| Trife(s) 2 and/or Directors 3 (Do NOT Director Office Box Numbers) 4 City / State / Zip  D KAPLUN, BARBARA S 17251 BRIDLE WAY TRAIL BOCA RATON FL 33496  D KAPLUN, ISAIAS M 17251 BRIDLE WAY TRAIL BOCA RATON FL 33496  8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name  KAPLUN, ISAIAS M Street Address (P.O. Box Number is Not Acceptable)  FLORED BRIDLE WAY TRAIL BUILE, Apt. 8, Etc.  City State / Zip  10. Libering appointed the registyled agent of july pour labed corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes, Yes No Corporate name satisfies the requirements of section 607.0401 (F.S., that rems tensistement application, the reason for dissolution has byte eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that rowd by the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that rowd by the corporation rise provided for inchapter 607 or 617, F.S. I further certify that we the reinstatement application, the reason for dissolution has been paid and the name so divided usile listed on this form do not his  |   |  |  |  | lorida nonprofit cor  | d/or Director (Fl   |  | and Street Add                                     | 7. Names a                            |
| D KAPLUN, ISAIAS M  17251 BRIDLE WAY TRAIL  BOCA RATON FL 33496  BOCA RATON FL 33496  17251 BRIDLE WAY TRAIL  BOCA RATON FL 33496  8. Name and Address of Current Registered Agent  Name  KAPLUN, ISAIAS M  17251 BRIDLE WAY TRAIL  BOCA RATON FL 33496  8. Name and Address of New Registered Agent  Name  KAPLUN, ISAIAS M  17251 BRIDLE WAY TRAIL  BOCA RATON FL 33496  Street Address (P.O. Box Number is Not Acceptable)  To 1, being appointed the registered Agent Agen | ,   |  | on<br>or<br>Numbers)                     | Officer and/or Direct<br>Office Post Office Box                                    | 3 (Do NO  |   |  | 2  | Tɪtle(s)                              |
| 8. Name and Address of Current Registered Agent  8. Name and Address of New Registered Agent  8. Name and Address of New Registered Agent  Name  KAPLUN, ISAIAS M  17251 BRIDLE WAY TRAIL  BOCA RATON FL 33496  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  State  City  State  In Jay 9 6  The Gistered Agent  PEGISTERED AGENT MUST SIGN  11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.  PEGISTERED AGENT MUST SIGN  12. Lecrify that I am an officer or director or the receiver or trusteep impowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that with size reinstatement application, the reason for dissolutify has yet in eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. that lowed by the corporation have been paid and the name's 61 of understand to make registred on execute this application as provided for in chapter 607 or 617, F.S. I further certify that with this reinstatement application, the reason for dissolutify has yet in eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. The Information own do by the corporation have been paid and the name's 61 of undividual stated on this form do not qualify for an exemption under section 11.07(3)(6), F.S. The Information of the corporation for an exemption under section 11.07(3)(6), F.S. The Information of the properties of the corporation for an exemption under section 11.07(3)(6), F.S. The Information of the corporation for an exemption under section 11.07(3)(6), F.S. The Information of the corporation for an exemption under section 11.07(3)(6), F.S. The Information of the corporation for an exemption under section 11.07(3)(6), F.S. The Information of the corporation for the corporation for an exemption under section 11.07(3)(6), F.S. The Information of the corporation for the corporation for the corporation for an exemption under section 11.07(3)(6 |   | BOCA RATON FL 33496  |  | OLE WAY TRAIL  | 17251 BRIDL   |   | BARBARA S  | KAPLUN,  | D                                     |
| 8. Name and Address of Current Registered Agent  8. Name and Address of New Registered Agent  8. Name and Address of New Registered Agent  Name  KAPLUN, ISAIAS M  17251 BRIDLE WAY TRAIL  BOCA RATON FL 33496  Suite, Apt. #, Etc.  City  State  City  State  Lip Code  FL  10. I. being appointed the registyled alent of property and acceptation and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent  Property Agent  Registered Agent  Registered Agent  Agent  Registered Agent  Property Agent  Registered Agen |   | BOCA RATON FL 33496  |  |  | 17251 BRID  |   | KAPLUN, ISAIAS M   |  |                                       |
| 8. Name and Address of Current Registered Agent  RAPLUN, ISAIAS M  17251 BRIDLE WAY TRAIL  BOCA RATON FL 33496  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apl. #, Etc.  City  Slate  City  State  City  State  City  State  City  Date  1. Dees this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information intangible tax)  12. Lecrify that I am an officer or director or the receiver or trustee impowered to execute this application as provided for in chapter 607 or 617, F.S. If further certify that with this reinstatement application, the reason for dissoluting has been eliminated, the corporate ame satisfies the requirements of section 607.0401 or 617,0401, F.S. Interiormatic owed by the corporation have been pediag and the native for more one qualify for an exemption under section 119.073(i)). F.S. Interiormatic over the type corporation have been pediag and the native for more one qualifies the requirements of section 607.0401 or 617.0401, F.S. Interiormatic over the procession of have been pediag and the native form of the formation of notion of the formation of the formation of the formation of the formation of the corporation application as provided for in chapter 607 or 617, F.S. If further certify that with this reinstatement application have been pediag and the native formation for one qualifies the requirements of section 607.0401 or 617.0401, F.S. Interiormatic or information of the corporation for the procession for the formation of the formation of the procession formation of the formation of t | I005  | -04/01/9701103-  | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~   |  |   |   |  |  |                                       |
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| 17251 BRIOLE WAY TRAIL  BOCA RATON FL 33496  Suite, Apt. #, Etc.  City  State  City  State  Signature of Registered Agent  Poes this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.  12. I certify that I am an officer or director or the receiver or trustee impowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when 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 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 informatio   |   |  |  | Name   |   |   |  |  | 1/484                                 |
| Suite, Apt. #, Etc.  City  State Zip Code  FL  10. I, being appointed the registed alent of the pove hand corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent  Date  PREGISTERED AGENT MUST SIGN  11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No  No  (See other side for information intangible tax.)  12. I certify that I am an officer or director or the receiver or trustee impowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that with 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 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)(F.S. The information of the proposition have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(F.S. The information of the proposition have been paid and the names of information of the proposition have been paid and the names of information of the proposition of the propositi |   | is Not Acceptable)   | (P.O. Box Number i                       | Street Address   |   |   |  |  |                                       |
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| 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 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   |   |  | ☐ No ☐                                   | the  | gible tax to  | any intan   | corporation pay  | es this c  | 11. Do<br>De                          |
|  | that when filing<br>3., that all fees<br>rrmation indicated | pter 607 or 617, F.S. I further certify the of section 607.0401 or 617.0401, F.S. der section 119.07(3)(i), F.S. The infor | s the requirements<br>r an exemption und | ecute this application as<br>corporate name satisfic<br>is form do not qualify for | empowered to execute the control of | eiver or trustee to<br>solution has been<br>e names of indivi | officer or director or the recollication, the reason for dis | that I am an o<br>statement app<br>the corporation | 12. I certify<br>this rein<br>owed by |
| SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING DEFICER OR DIRECTOR.   |   | 12/9/96  |  |  | 7   | 7/  | / Huy  | TURE: 1  | SIGNAT                                |

## ES

Epstein & Shapiro, P.A.

Certified Public Accountants

Stuart A. Epstein, C.P.A. Richard L. Shapiro, C.P.A.

One Boca Place 2255 Olades Road, Suite 324 A Boca Raton, Florida 33451 (407) 241-5000 1776 N. Pine Island Rd., Sulte 516 Plantation, Florida 53522 (305) 476-6860 FAX: 476-6870 (800) 486-4272

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: B & M Enterprises, Inc.

P95000084300

Dr. Mr. Brumbley:

Enclosed please find the check for reinstatement of the above referenced corporation.

We ask that in this particular instance, the higher reinstatement fees be waived due to medical emergency that was beyond the taxpayer's control. He has faced the medical emergency of infection that refused to heal, resulting in the recommended amputation of body limb. Due to the nature of the problem and the medical care required, he was unable to function, put the information aside and didn't give it to us until way after the January cut-off. He was unaware of even the penalties involved.

We are asking in this particular instance to waive the increased penalty due to this extenuating circumstance.

Thank you for your understanding. Should you have any questions, please do not hesitate to contact me.

Very truly yours,

Epstein & Shapiro, P.A.

Certified Public Accountants

Stuart A. Epstein, C.P.A.

sae/pf