

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

97 NOV 20 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000095772**

1. Corporation Name

BFR FINANCIAL SERVICES CORPORATION

Principal Place of Business

Mailing Address

360 CENTRAL AVE

SUITE 1340

ST. PETERSBURG, FLA 33701

SAME

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida **12/15/95**

5. FEI Number

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
C/D	BEN E. FISHER	1250 BRIGHTWATERS BLVD	ST. PETERSBURG, FLA 33704
P/D	GERALD S. ROBERTS	8033 So. ORANGE AVE	TAMPA, FLA 33606
V/D	ROSSETTE A. MALONE	5814 51st ST. So.	ST. PETERSBURG, FLA 33715
ST/D	FRED McFALL	11150 131st ST. No.	ST. PETERSBURG, FLA 33774
			A. Alan 11/20/97

REINSTATEMENT (97)

8. Name and Address of Current Registered Agent

DAVID GATCHEL
100 2ND AVE So - SUITE 704
ST. PETERSBURG, FLA 33701

9. Name and Address of New Registered Agent

Name **BEN E. FISHER**
Street Address (P.O. Box Number is Not Acceptable)
~~360 CENTRAL AVE~~ **1250 BRIGHTWATERS BLVD**
Suite, Apt. #, Etc.
City **ST. PETERSBURG** State **FL** Zip Code **33704**

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

11/4/97

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-11/21/97-01118-001

******750.00****750.00**

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

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)(j), 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:

BEN E. FISHER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

11/4/97

Date

813-822-2525

Daytime Phone #