

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P96000065428**

1. Corporation Name

**BGB MARKETING MANAGEMENT, INC.**

Principal Place of Business

Mailing Address

~~1475 W CYPRESS CREEK RD STE 204~~  
~~FT LAUDERDALE FL 33309~~

1475 W CYPRESS CREEK RD STE 204  
FT LAUDERDALE FL 33309

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

4. Date Incorporated or Qualified  
To Do Business in Florida

08/06/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0688439

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	BURLEY, BRUCE	1475 W CYPRESS CREEK RD STE 204	FT LAUDERDALE FL 33309

800003505948--6

-12/19/00--01064--019

\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~GOLDING, STEPHEN M~~

1475 W CYPRESS CREEK RD STE 204  
FT LAUDERDALE FL 33309

Name

**BRUCE BURLEY**

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

1475 W. Cypress Creek Rd Ste 204

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33309

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

*Bruce Burley*  
REGISTERED AGENT MUST SIGN

Date

10-16-00

11. 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.

KE

SIGNATURE:

*Bruce Burley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-16-00