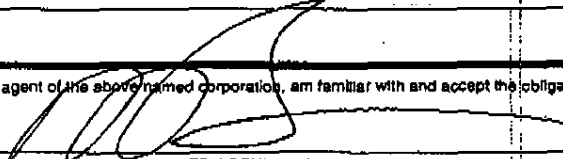
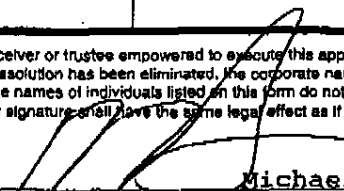


Audit No. H01000010349 8

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 JAN 24 PM 4:37	
DOCUMENT # P96 0000 79698					
1. Corporation Name BCOM DEVELOPMENT CORP.					
2. Principal Office Address 1201 Brickell Avenue Suite, Apt. #, etc. Suite 650 City & State Miami, FL Zip 33131		3. Mailing Office Address 1201 Brickell Avenue Suite, Apt. #, etc. Suite 650 City & State Miami, FL Zip 33131			
4. Date Incorporated or Qualified To Do Business in Florida 9/25/1996				5. FEI Number 65-0749287 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐ \$9.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent					
Name Michael Baumann Street Address (P.O. Box Number is Not Acceptable) 1201 Brickell Avenue Suite, Apt. #, Etc. Suite 650 City Miami					
State Zip Code FL 33131					
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 1/18/01 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		
DPTS	Michael Baumann	1201 Brickell Ave., #650	Miami, FL 33131		
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 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.					
SIGNATURE: 		Michael Baumann President		Date 1/18/01 (305) 375-0090 Daytime Phone #	

Audit No. H01000010349 8

Florida Department of State

Division of Corporations
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Katherine Harris, Secretary of State

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(((H01000010349 8)))

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CORPORATION REINSTATEMENT

BCOM DEVELOPMENT CORP.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$1,058.75