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

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DIVISION OF CORPORATIONS
01 JAN 24 PM 4:37

DOCUMENT # P96000079698

REINSTATEMENT 99-61

1. Corporation Name
BCOM DEVELOPMENT CORP.

2. Principal Office Address	3. Mailing Office Address
1201 Brickell Avenue	1201 Brickell Avenue
Suite, Apt. #, etc.: Suite 650	Suite, Apt. #, etc.: Suite 650
City & State: Miami, FL	City & State: Miami, FL
Zip: 33131 Country: USA	Zip: 33131 Country: USA

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 ☐ $8.75 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: FL Zip Code: 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

1/24/01

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(5)(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 1/18/01 (305)375-0090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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CORPORATION REINSTATEMENT

BCOM DEVELOPMENT CORP.

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