

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
00 OCT -9 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000095862 (4)

1. Corporation Name

B & J Diversified Corporation
and

2. Principal Office Address

10 S. Royal Poinciana Bl.
Suite, Apt. #, etc.

3. Mailing Office Address

792 Rio Vista Dr.
Suite, Apt. #, etc.

City & State

Miami Springs, Fl
Zip 33166 Country U.S.A

City & State

Miami Springs, Fla
Zip 33166 Country U.S.A

**4. Date Incorporated or Qualified
To Do Business in Florida**

11-16-1996

5. FEI Number

☒ 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 Martha M. Lopez

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

792 Rio Vista Dr.

Suite, Apt. #, Etc.

City Miami Springs, Fla

State
FL

Zip Code
33166

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

Martha M. Lopez

REGISTERED AGENT MUST SIGN

Date 9-29-00

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
D	Martinez, Guillermo	10 S. Royal Poinciana Bl	Miami Springs, Fla 33166

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:

G Martinez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-29-00
Date

305-458-0662
Daytime Phone #