

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 SEP 23 PM 3:07

DOCUMENT # **996000096397**

1. Corporation Name **BUSINESS & FRIENDS SERVICES INC**
204 WASHINGTON AVENUE
Homestead, FL 33030
 Principal Place of Business Mailing Address

REINSTATEMENT 97-99

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 11-21-96
State, Apt. #, etc:	Suite, Apt. #, etc	5. FEI Number 65-0714749
City & State	City & State	Applied For Not Applicable
Zip	Zip	Country
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/S	CHARLES AGERO JR	2616 SE 19 COURT	KEYS GATE, FLA 33035
N/H	CHARLES AGERO JR	2616 SE 19 COURT	KEYS GATE, FLA 33035
			800002999878--0 -09/29/99--01002--022 *****8.75 *****8.75
			800002999878--0 -09/29/99--01002--023 *****500.00 *****500.00
			800002999878--0 -09/29/99--01002--024 *****50.00 *****50.00

8. Name and Address of Current Registered Agent CHARLES AGERO JR 204 WASHINGTON AVENUE HOMESTEAD, FLA 33030	9. Name and Address of New Registered Agent Name CHARLES AGERO JR Street Address (P.O. Box Numbers Not Acceptable) 204 WASHINGTON AVENUE Suite, Apt. #, Etc. 800002999878--0 City HOMESTEAD State FL Zip 33030
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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]* Date: **9-8-99**
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

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)(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: *[Signature]* Date: **9-8-99** (305) 246-0401
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E08 (12/98)