

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

99 APR 11 10:02
SECRETARY OF STATE
DIVISION OF CORPORATIONS
FLORIDA

APPLICATION FOR REINSTATEMENT
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000098031

1. Corporation Name
Business Automatic Resources, Inc.

Principal Place of Business Mailing Address
8273 N.W. 188th Terr. P.O. Box 170158
Miami, FL 33715 Miami, FL 33015

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
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
5. FEI Number 65-0720635
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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	Rafael A. Lora	8273 N.W. 188 th Terr.	Miami, FL 33715
VP	John R. Cates	1802 N University Dr. #121	Plantation, FL 33322
S/Tr	Rafael A. Lora	8273 N.W. 188 th Terr.	Miami, FL 33715

8. Name and Address of Current Registered Agent

Rafael A. Lora
8273 N.W. 188th Terr.
Miami, FL 33715

9. Name and Address of New Registered Agent

Name John R. Cates
Street Address (P.O. Box Number is Not Acceptable) 1802 N University Dr.
Suite, Apt. #, Etc. #121
City Plantation
State Zip Code FL 33322

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
REGISTERED AGENT MUST SIGN

Date 4/13/95

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)(b), 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: John R. Cates
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/13/95 Daytime Phone # 954-472-3195

CREPORT 112 981

FROM THE DESK OF
JOHN R. CATES

7ed Ex 4/14

To: Secretary of State/Division of Corporations
From: John R. Cates, V.P., Business Automation Resources, Inc.
Re: Reinstatement
Date: April 13, 1999

Pursuant to a conversation this day with an examiner, I have enclosed the reinstatement application for Business Automation Resources, Inc. and a check in the amount of \$300.00. As I explained to the examiner, this corporation did not receive it's renewal application, and as a result, was administratively dissolved on Oct. 16th, 1998. He advised me to fill out the reinstatement application and send \$300.00, as opposed to the fee of \$900.00, due to our valid explanation. I have provided the corporation's new address, which was effective in Jan., 1998, in the reinstatement application.

Please forward a receipt of this filing directly to me, John R. Cates, the corporation's resident agent, at:

1802 N. University Dr., #121
Plantation, FL 33322

Thank you for your time and attention to this matter.

Very truly yours,


John R. Cates, J.D.