

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAY 13 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P97000025930*

1. Corporation Name

Bim Property Investments, Inc.

2. Principal Office Address

5440 N. State Rd. 7

Suite, Apt. #, etc.

Suite 204

City & State

Ft. Lauderdale

Zip

F/33319 U.S.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

500129195075
05/13/08--01010--027 **1500.00

REINSTATEMENT 03-08

4. Date Incorporated or Qualified
To Do Business in Florida

3/97

5. FEI Number

65-0739413

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

Norman Marcus

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

8181 West Broward Blvd.

Suite, Apt. #, Etc.

Suite 201

City

Plantation

State
FL

Zip Code

33324

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.

5-1-08

Signature of
Registered Agent

[Signature]

Date

[Signature]

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
PO	<i>Leonard Feinstein</i>	<i>5440 N. State Rd 7 #204 Ft. Lauderdale</i>	<i>33319</i>
VP	<i>Christian Mary</i>	<i>2155 Park ave, #225 Washington, PA</i>	<i>15301</i>

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 contained in Chapter 119, 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] as PO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-31-06 (954) 497-1145

Daytime Phone #