

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP -4 PM 2:54

DOCUMENT # **P97000045295**

1. Corporation Name

B C D AND F CORPORATION

2. Principal Office Address

514 EAST 42 ST.

Suite, Apt. #, etc.

3. Mailing Office Address

514 EAST 42 ST.

Suite, Apt. #, etc.

City & State

HALEAH, FLORIDA

Zip

33013

Country

U.S.A.

City & State

HALEAH, FLORIDA

Zip

33013

Country

U.S.A.

REINSTATEMENT

98-01

4. Date Incorporated or Qualified
To Do Business in Florida

5/21/97

5. FEI Number

☒ Applied For

☐ Not Applied

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FELIX MESA

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

514 EAST 42 STREET

Suite, Apt. #, Etc.

City

HALEAH

State

FL

Zip Code

33013

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

7/25/01

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
PD	MESA, FELIX	514 EAST 42 ST.	HALEAH, FLA. 33013
SD	MESA, DAISY	514 EAST 42 ST.	HALEAH, FLA. 33013

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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/01

Date

(305) 558-2852

Daytime Phone #

CR2E081 (9/00)