PLEASE READ ALL INSTRUCTIONS BEFORE COMPL

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 01 1998 8:00am
Secretary of State

DOCUMENT # P97000063825

1. Corporation Name
B & G Acceptance Corp.

Principal Place of Business
1460 S. Ocean Blvd.
Pompano Beach FL
33062 USA

Mailing Address
1460 S. Ocean Blvd
Pompano Beach FL
33062
USA

If changes/additions are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-0771455

Applied For
Not Applicable

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)

(Type) 1	Name of Officer and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
PD	Leonard Gross	1460 S. Ocean Blvd	Pompano Beach - Florida 33062
VP	Ashley Bloom	1460 S. Ocean Blvd	Pompano Beach Florida 33062
VP	Howard Bloom	1460 S. Ocean Blvd	Pompano Beach Florida 33062
STD	Diane Bloom	1460 S Ocean Blvd	Pompano Beach Florida 33062

FOR DOCUMENT
10/02/98--01020--030
***$3.75

8. Name and Address of Current Registered Agent
Michael M Wallack J.D. Charted
27 Fletcher Ave
Sara Sota, FL 34237

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc
City | State FL | Zip Code

10. I hereby 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 | Date

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐
(See other side for information on intangible tax.)

12. I certify that I am an officer or director of 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 the reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0101 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Diane Bloom

8/23/98
Date

954-941-6688
Daytime Phone #

CR2E345 (12-96)