

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB -4 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P97000063825**

1. Corporation Name

B&G Acceptance Corporation

2. Principal Office Address

900 N. Federal Highway

Suite, Apt. #, etc.

Suite 410

City & State

Boca Raton, FL

Zip

33432

Country

USA

3. Mailing Office Address

900 N. Federal Highway

Suite, Apt. #, etc.

Suite 410

City & State

Boca Raton, FL

Zip

33432

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

07/23/97

5. FEI Number

65-0771455

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

400012794434  
02/19/03--01066--001 \*\*908.75

**7. Name and Address of Current Registered Agent**

Name

Michael M. Wallack

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

27 Fletcher Avenue

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34237

**REINSTATEMENT**

02-03

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

REGISTERED AGENT MUST SIGN

Date

1/29/03

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
P	Leonard Gross	13020 S. Hampton Drive	Bonita Springs, FL 33923
VP	Ashley Bloom	3450 So. Ocean Blvd., Apt. 405	Highland Beach, FL 33487
S/T	Diane Bloom	1756 Eagle Trace Blvd. West	Coral Springs, FL 33071
VP	Howard Bloom	1756 Eagle Trace Blvd. West	Coral Springs, FL 33071

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.30.03

Date

5614177115

Daytime Phone #

CR2E081 (10/02)