

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


04 JUL 23 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300039738793
07/30/04--01067--002 **\$900.00

REINSTATEMENT 03-04
MRB

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000067424

1. Corporation Name

BAM HOLDINGS OF PALM BEACH COUNTY

2. Principal Office Address

3030 SW 13TH PLACE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

City & State

Zip

33426

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0756119

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

BARRY A. MAZER

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

3030 SW 13TH PLACE

Suite, Apt. #, Etc.

City

BOYNTON BEACH

State
FL

Zip Code
33426

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

Barry A. Mazer
REGISTERED AGENT MUST SIGN

Date

~~07/23/04~~ 7/22/04

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	Mazer, Barry A.	3030 SW 13th Place	Boynton Beach, FL 33426

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:

Barry A. Mazer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry A. Mazer

Date

7/22/04

Daytime Phone #

561-732
6000

CFR2081 (10/02)