

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JAN 28 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 97 000072265**

1. Corporation Name

BCOM-BP, Inc.

2. Principal Office Address

1201 BRICKELL AVE

Suite, Apt. #, etc.

S. 650

City & State

MIAMI, FL

Zip

33131

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT *9910*

**4. Date Incorporated or Qualified
To Do Business in Florida**

08-20-97

5. FEI Number

65-0777600

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

ASLAN PALACHI

800003120808-

7

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

1201 BRICKELL AVE

02/02/00-01062-00

******908.75 ****908.75**

Suite, Apt. #, Etc.

S. 650

City

MIAMI, FL

State

FL

Zip Code

33131

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

A Palachi

Date **01-24-00**

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
P	MICHAEL N. BAUMANN	1201 Brickell Ave, S. 650	MIAMI, FL---33131-
VP	ASLAN PALACHI	1201 BRICKELL Ave, S. 650	MIAMI, FL 33131

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:

A Palachi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/00 (305)375-0090

Date

Daytime Phone #

KE