} \* PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Katherine Harris **FOR** Secretary of State REINSTATEMENT. FILED DIVISION OF CORPORATIONS 99 NOV ~1 PM 12: 07 **DOCUMENT #** P97000083842 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name BP JAX, INC. Principal Place of Business Malling Address 4502 SOUTHEAST 15TH STREET 4502 SOUTHEAST 15TH STREET OCALA FL 34471 OCALA FL 34471 REINSTATEMENT ( If above addresses are incorrect in any way, line through incorrect information and enter correction below 2 New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qual To Do Business in Florida 09/29/1997 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 59-3469706 Not Applicable \$8.75. Additional Fee required for a Certificate of Status Zip Zip Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Title(s) City / State / Zip PS0 PARIMAL B PATEL SALMOND DR TRACE **OCALA FL 34472** <del>10008088851</del> -11/09/99--01004--025 \*\*\*\*\*600.00 \*\*\*\*600.00 00003038851--5 11/09/99 - 01004--026 \*\*\*\*150.00 \*\*\*\*150.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent PARIMAL B PATEL Street Address (P.O. Box Number is Not Acceptable) SALMOND DR TRACE **OCALA FL 34472** Suite, Apt. #, Etc. City State | Zio Code 10. I, being appointed the registered agent of the above pamed corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 于16.4(新文字·广文 Signature of Registered Agent 10.14.99 REGISTERED AGENT MUST SIGN 11. 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 ceth. SIGNATURE: GNING OFFICER OR DIRECTOR