

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



APPROVED AND FILED

98 DEC 17 PM 3:49

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000100833**

1. Corporation Name
BB & F ADVERTISING INC.

Principal Place of Business	Mailing Address
12550 BISCAYNE BLVD. SUITE 201 NORTH MIAMI FL 33181	12550 BISCAYNE BLVD. SUITE 201 NORTH MIAMI FL 33181

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	4. Date Incorporated or Qualified To Do Business in Florida 12/01/1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 65-0797375
City & State	City & State	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status



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7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	BEAL, JEFFREY M	12550 BISCAYNE BLVD.	NORTH MIAMI FL 33181
VD	FREEDLINE, GARY	12550 BISCAYNE BLVD.	NORTH MIAMI FL 33181
STD	BEYER, DANIEL M	12550 BISCAYNE BLVD.	NORTH MIAMI FL 33181
			500002721005--8 -12/23/98--01066--007 ***750.00 ***750.00
			11/2/98

8. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134	9. Name and Address of New Registered Agent Name Jeffrey M. Beal Street Address (P.O. Box Number is Not Acceptable) 4542 SHERIDAN AVENUE Suite, Apt. #, Etc. N.A. City MIAMI BEACH State FL Zip Code 33190
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10. I, being 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 **SIGNATURE REQUIRED** **Jeffrey M. Beal PRESIDENT** Date **11/25/98**
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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 REQUIRED** **Jeffrey M. Beal PRESIDENT** Date **11/25/98** Daytime Phone # **(305) 891-3458**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR12E040 (9/98)