

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 14 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000102978

1. Corporation Name

B & A CORPORATION OF AVON

Principal Place of Business

2243 NORTH 25TH ST
FT PIERCE FL 34947

Mailing Address

2243 NORTH 25TH ST
FT PIERCE FL 34947

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/08/1997

5. FEI Number

65-0807609

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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	4 City / State / Zip
P	AL SAYED, FIRAS	2243 NORTH 25TH ST	FT PIERCE FL 34947
V	AL SAYED, FADI	2243 NORTH 25TH ST	FT PIERCE FL 34947

8. Name and Address of Current Registered Agent

AL SAYED, FIRAS
2243 NORTH 25TH ST
FT PIERCE FL 34947

9. Name and Address of New Registered Agent

Name

SYED SHARFI

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

7210 PIONEER LAKES CR.

Suite, Apt. #, Etc.

W.P.B

City

W.P.B

State

FL

Zip Code

33413

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/12/02

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 oath.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/02 966-8088

Daytime Phone #

CR2ED40 (8/02)

November 13, 2002

Secretary of State
Tallahassee, Florida

RE: Annual Filing Report for B & A Corporation of Avon, Document Number P97000102978

Dear Sir or Madam:

We did not receive a notice to file the Annual Report for B & A Corporation of Avon, Document Number P97000102978, and therefore did not file such report.

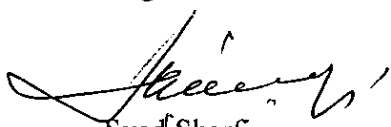
Enclosed you will find the Application for Reinstatement and a check for \$150.00. Please waive any associated penalties as we never received the notice to file.

Please send all future communications to the Registered Agent at the following address:

Syed Sharfi
7210 Pioneer Lakes Circle
West Palm Beach, FL 33413

Thank you for your help.

Regards,



Syed Sharfi
Registered Agent,
B & A Corporation of Avon