

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Page 1 of 2

PROFIT
CORPORATION
1999 and
2000



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 23 AM 11:21

DOCUMENT # P98600604940

1. Corporation Name

BPI Aerospace Corporation

Principal Place of Business

Mailing Address

6911 NW 51ST STREET
MIAMI, FL 33166

3. Date Incorporated or Qualified

01/14/98

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 6911 NW 51ST

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

MIAMI, FLORIDA

Zip

33166

25 Country

USA

Zip

29

Country

30

4. FEI Number

65-0814087

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHN H. POINDEXTER
C/O BPI Aerospace Corporation
6911 NW 51ST STREET
MIAMI, FL 33166

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/14/2000

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

600003196026--7

-04/04/00--01102-009

****150.00 ****150.00

600003196026--7

-04/04/00--01102-008

****150.00 ****150.00

600003196026--7

-04/04/00--01102-009

*****8.75 *****8.75

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/2000

Date

Daytime Phone #

CR2E034 (9/96)

AD

Page 2 of 2
Attachment

5701 NW 36th ST
Virginia Gardens, FL 33166
PH 871-0889 FAX 870-9623

Barinas & Associates Inc.

IRS ENROLLED AGENT

March 14, 2000
Miami, Florida

Department of State
Division of Corporation
PO Box 6327
Tallahassee FL 32314
Attn: Mr. Andy Dunlap

Dear Sir:

Re: BPI Aerospace Corporation

As per our telephone conversation I am sending to your attention and for your consideration the following:

- 1) A copy of the annual report which was mailed to your office on March 17 of last year. Please notice that he signed over the copies because you need his original signature.
- 2) An annual report for the current year properly signed.
- 3) Three checks, one for \$150.00 to cover the fee for last year, replacing the one which was sent but apparently you never received. Another for the same amount to cover this year fee. Finally, the one for \$8.75 is to cover a Certificate of Status.

Should you require any further information in this regard, please do not hesitate to call me.

Very truly yours



BARON BB BARINAS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg. 10/2

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 23 AM 11:27

DOCUMENT # 678937

1. Corporation Name

John Acevedo, M.D., P.A.

2. Principal Office Address

8275 South A1A Highway

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Melbourne Beach, Florida

City & State

Same

Zip

32951

Country

USA
Brevard County

Zip

Same

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1980

5. FEI Number

39-201121

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

John Acevedo, M.D.

000003198100-3

-04/07/00--01003--002

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

8275 South A1A Highway

*****8.75 *****8.75

000003198100-3

-04/07/00--01003--003

Suite, Apt. #, Etc.

City

Melbourne Beach

State

FL

Zip Code

32951

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

John Acevedo, M.D.

Date 3/17/00

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 |
|-----------|--------------------------------------|---|---------------------------|
| Secretary | Pamela J.R. Acevedo | 8275 South A1A Highway | Melbourne Beach, FL 32951 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | LS |

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:

Pamela J.R. Acevedo Pamela J.R. Acevedo 3/17/00

321-951-0416

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2081 (9/99)

pg 2 of 2
Attachment

JOHN ACEVEDO, M.D.
DIPLOMATE AMERICAN BOARD OF ANESTHESIOLOGY
Practice Limited to Anesthesia

8275 South A1A Highway
Melbourne Beach, Florida 32951

Phone 321-951-0416 FAX 321-984-4384

March 20, 2000

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: John Acevedo, M.D., P.A.
Tax ID # 59-2011121

To Whom It May Concern:

As per my instruction from your office on March 7th, 2000, I am writing this letter as a 'letter of waiver'. We have not been receiving the annual notifications regarding our corporate annual reports for some time now. (since 1996)

When our address officially changed we had notified your office. We have since continued to file all the necessary tax returns and reports for the corporation with the federal government and the State of Florida.

I have enclosed a check in the amount of \$815.00 payable to Florida Department of State, Division of Corporations as instructed. I have also enclosed a separate check in the amount of \$8.75 for a Certificate of Status.

Please, correct my address for your records as listed on the reinstatement application to avoid further oversights.

Sincerely,



John Acevedo, M.D.