

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAR 12 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000037899

1. Corporation Name

B & E MANUFACTURING, INC

2. Principal Office Address

450 WEST 28 STREET

Suite, Apt. #, etc.

City & State

HIALEAH, FL

Zip

33010

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

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

04/24/1998

5. FEI Number

65-0822901

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

BORIS GALVEZ

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

450 WEST 28 STREET

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33010

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

Date **03/04/03**

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 ¹	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P-S	BORIS GALVEZ	4491 SW 105 AVENUE	DAVIE, FL 33328

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/04/03

Date

305-883-2040

Daytime Phone #

CR2E081 (10/02)

203/17

Attachment

Tony Valdes

Certified Public Accountant

P98000037899

2401 S.W. 105th Avenue • Miami, FL 33165-2550 • Phone (305) 225-0443 • Fax (305) 559-7145
Pager (305) 837-5699 • E-mail: tony18L@bellsouth.net

March 4, 2003

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

ATT: Reinstatement Unit:

My client, B&E MANUFACTURING, INC., document number P98000037899 did not receive the Annual Report form last. Mr. Galvez called your office and a form was faxed to him on or about May 19th. He promptly filled the form and sends it along with a check for \$ 150.00

We just discovered that the Corporation is under "Administrative dissolution" and I called yesterday to find the reason.

I was told that the check did arrive but my customer failed to sign on the appropriate Registered Agent line. The form was returned to him in June; however, my customer claims he never received.

During my telephone call yesterday, I was instructed to write this letter and to send it along with my client's check in the amount of \$ 150.00, along with a Re-incorporation form showing change of address.

I trust this letter will help resolve the problem.

Very truly yours,

Tony
Tony Valdes, CPA