

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 AUG 25 AM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

BHM Properties, Inc.

198-64124

700022580217  
08/26/03--01052--012 \*\*8.75

700022580217  
08/26/03--01052--011 \*\*1350.00

2. Principal Office Address

407 WEKIVA SPRINGS RD.

3. Mailing Office Address

P. O. BOX 916655

Suite, Apt. #, etc.

SUITE 369

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

City & State

LONGWOOD, FL

Zip

32791

Country

Zip

32791

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/20/1998

5. FEI Number

59-3521909

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 09-03

**7. Name and Address of Current Registered Agent**

Name

David S. Cohen, Esq.

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

5728 Major Boulevard

Suite, Apt. #, Etc.

SUITE 550

City

Orlando

State

FL

Zip Code

32819

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

REGISTERED AGENT MUST SIGN

Date

8.22.03

**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
P	Bassam H. Mnayarji	407 WEKIVA SPRINGS RD., Ste 369	Longwood, FL 32791

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

Date

8.22.03

Daytime Phone #

376-2246

CR2E081 (10/02)

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