

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *PA9000003947*

1. Corporation Name

BD Insurance, Inc.

2. Principal Office Address

3111 SW 27th Ave

Suite, Apt. #, etc.

City & State

Miami, Fl.

Zip

33133

Country

USA

3. Mailing Office Address

3109 Grand Ave.

Suite, Apt. #, etc.

349

City & State

Miami, Fl.

Zip

33133

Country

USA

FILED

05 DEC -7 AM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500061993145
12/07/05--01042--010 **1508.65

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

January 11, 1999

5. FEI Number

65-0885095

☐ 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

Benjamin DeMeo

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

4161 Raynolds Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33133

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

Benjamin DeMeo

REGISTERED AGENT MUST SIGN

Date 12/06/2005

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
CEO	Benjamin DeMeo	4161 Raynolds Ave	Miami, Fl. 33133

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

Benjamin DeMeo

BENJAMIN DeMeo

12/06/2005

305-443-8948

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

M. Williams DEC - 7 2005