

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000008240

1. Corporation Name

BPME, INC.

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-09/06/01--01047--007

****300.00 ****300.00

Principal Place of Business

Mailing Address

17140 ARVIDA PARKWAY
SUITE 2
WESTON FL 33332

17140 ARVIDA PARKWAY
SUITE 2
WESTON FL 33332

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/22/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PSD	HERDOCIA, FILIBERTO	10893 SW 153RD CT	MIAMI FL 33196
VPD	MAINS, BRUCE	1301 CAMALLIA CIR	WESTON FL 33326
PLEASE REMOVE Mains, Bruce, and PUT Herdocia, Mary A.			
	201-25-AR	10893 S.W. 153 RD CT	MIAMI FL 33196
	10-00-ARRET		
	88-75-ARSupp		SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HERDOCIA, FILIBERTO
10893 SW 153RD COURT
MIAMI FL 33196

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 08-10-01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] Filiberto J Herdocia

Date

Daytime Phone #

(954) 217-8411