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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 15 AM 11:53

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000021239

1. Corporation Name

BHERVIZ & BHERVIZ INC.

2. Principal Office Address

6051 SW 195TH AVE

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

Zip

33332

Country

3. Mailing Office Address

6051 SW 195TH AVE

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

Zip

33332

Country

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

03/08/1999

5. FEI Number

65-0901092

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03-04

1/16/03 90062 031 150.00

7. Name and Address of Current Registered Agent

Name

WILBER BHERVIZ

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

6051 SW 195TH AVE

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33332

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 02/20/2004

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
PD	WILBER BHERVIZ	6051 SW 195TH AVE	PEMBROKE PINES, FL 33332

400030595044
03/17/04--01016--003 **150.00

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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/2004

Date

(954) 252-7991

Daytime Phone #

CR2E081 (01/04)

2/2

Miami, FL, March 3, 2004

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
Attn: Ms. Katrina
409 East Gaines Street
Tallahassee, FL 32399

Ref: BHERVIZ & BHERVIZ INC., Document No. P99000021239

Dear Sirs,

This is to inform you that BHERVIZ & BHERVIZ INC. filed its 2003 Annual Report on time but it still shows as INACTIVE and a Reinstatement Application was sent to its new address. We are sending copy of the check cleared by you for the year 2003. Furthermore, since this company wants to remain active, we are sending Reinstatement Form for the company along with the payment of \$150.00 corresponding to the Annual Report fee for 2004 for you to please reinstate this company.

Should you have further questions, please contact us at 954-252-7991 or at 786-255-8416. We apologize for any inconvenience this may have caused. Thank you very much for your cooperation.

Cordially,


WILBER BHERVIZ
President