

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 13 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000035010

1. Corporation Name

BF Acquisition Group IV, Inc.

#300.00

2. Principal Office Address

2501 Turk Blvd.

Suite, Apt. #, etc.

City & State

San Francisco, CA

Zip

94118

Country

USA

3. Mailing Office Address

2501 Turk Blvd.

Suite, Apt. #, etc.

City & State

San Francisco, CA

Zip

94118

Country

USA

000037292250
05/25/04--01052--001 **1500.00

83-04

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

5. FEI Number

65-0913586

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

David M. Bovi, P.A.

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

319 Clematis Street

Suite, Apt. #, Etc.

Suite 700

City

West Palm Beach

State

FL

Zip Code

33401

REINSTATEMENT

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/6/04

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 D S T	William R. Colucci	2501 Turk Blvd.	San Francisco, CA 94118

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

William R. Colucci
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/04
Date

415-831-1974
Daytime Phone #

CR2E081 (01/04)