

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000064385

1. Corporation Name

BEDOGAR, CORP.

FILED

01 OCT 18 PM 6:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

8454 S.W. 22TH ST.
MIRAMAR FL 33025

5653 Johnson St
Hollywood FL
33021

8454 S.W. 22TH ST.
MIRAMAR FL 33025

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

2. New Principal Office Address, If Applicable

5653 Johnson Street
Suite, Apt. #, etc.
Hollywood Florida
City & State

3. New Mailing Office Address, If Applicable

5653 Johnson Street
Suite, Apt. #, etc.
Hollywood FL 33021
City & State

4. Date Incorporated or Qualified
To Do Business in Florida

07/12/1999

5. FEI Number

65-0932377

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip 33021

Country USA

Zip 33021

Country USA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BEDOYA, ABELL	8454 SW 22ND STREET	MIRAMAR FL 33025
			600004672666--1
			-11/08/01--01055--025
			***750.00 ***750.00
			REINSTATEMENT 01

8. Name and Address of Current Registered Agent

-BEDOYA, ABELL
8454 S.W. 22TH ST.
MIRAMAR FL 33025

Monique Troncone
499 E. Palmetto Park Rd
Suite 207
Boca Raton FL 33432

9. Name and Address of New Registered Agent

Name Monique Troncone
Street Address (P.O. Box Number is Not Acceptable)
499 E. Palmetto Park Rd Suite 207
Suite, Apt. #, Etc.
City Boca Raton State FL Zip Code 33432

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

Date 10/15/01

REGISTERED AGENT MUST SIGN

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

Date

Daytime Phone #