

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL -2 PH 3:15

DOCUMENT # P99000101702

1. Corporation Name

B+B PROPERTIES OF DADE COUNTY, INC

2. Principal Office Address

301 NW 193 Ter

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33169

Country

3. Mailing Office Address

P.O. Box 172003

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33017

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11-19-99

5. FEI Number

65-0984061

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

GABRIEL BERRIOS

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

301 NW 193 Ter

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33169

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

REGISTERED AGENT MUST SIGN

Date

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
PN/S	GABRIEL BERRIOS	301 NW 193 Ter	MIAMI, FL 33169

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2012

B + B Properties
P.O. Box 272013
Arlington, VA 22201

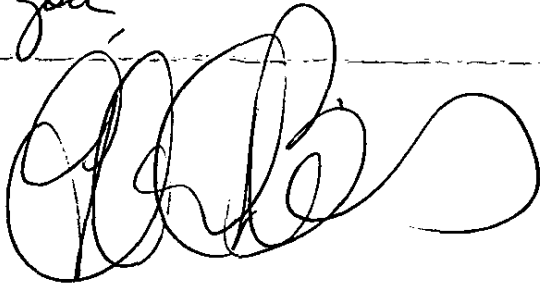
Secretary of State
Re-Instatement Due

Gentlemen:

Last year I did not receive the papers to
file my Corporate paper (yearly).

Please Re-instate my corporation to an
Active status

Thank you,

A large, stylized handwritten signature in black ink, featuring a prominent loop and a long horizontal stroke extending to the right.