PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 00/01

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUL -2 PM 3:15

DOCUMENT # P99000101702

1. Corporation Name
B+B PROPERTIES OF DADE COUNTY, INC

00-01 UBR

2. Principal Office Address	**3.** Mailing Office Address
301 NW 193 Ter	P.O. Box 172003
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: HIALEAH, FL
Zip: 33169 Country:	Zip: 33017 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11-19-98

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

900004477109--6
-07/16/01--01050--017
****308.75 ****308.75

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 _____ Date _____
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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

7/7/10

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 #

2 of 2

B & B Properties
P.O. Box 72013
Hialeah, FL 33017

Secretary of State
Re-Instatment Dr

Gentlemen:

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

Please Re-instate my corporation to an Active status

Thank you