

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 OCT 31 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000101702

1. Corporation Name

B + B PROPERTIES OF DADE COUNTY, INC.

2. Principal Office Address

310 N. 65 WAY

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Hollywood, FL.

Suite, Apt. #, etc.

City & State

City & State

Zip

33024

Country

USA

Zip

Country

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

Eligio R. BERRIOS

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

310 N. 65 WAY

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33024

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

Eligio R. BERRIOS

REGISTERED AGENT MUST SIGN

Date

10-30-03

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
PRES	Eligio R. BERRIOS	310 N. 65 WAY	Hollywood, FL. 33024

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:

Eligio R. BERRIOS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-30-03

Daytime Phone #

305-761-8486

CR2E081 (10/02)

**B & B PROPERTIES OF DADE COUNTY, INC  
310 N. 65 WY  
HOLLYWOOD, FL 33024**

**October 30, 2003**

**DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314**

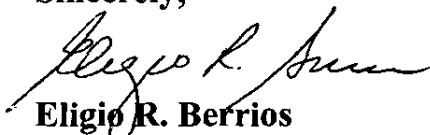
**Dear Division of Corporations:**

**I did not receive my Annual Corporate Report filing, due to a move and change of address my business is listed as inactive and I want to correct this deficiency.**

**I was advised by phone today that the penalty will be waived and to send this letter with the re-instatement form.**

**Enclosed please find corrected forms and filing fee.**

**Sincerely,**



**Eligio R. Berrios  
B & B Properties of Dade County, Inc.**

**Encl:**

**I**