

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 16 PM 3:28

DOCUMENT # **P99000106454**

1. Corporation Name

**B E C S BABY AND VIRIETY FOOD STORE, INC.**

Principal Place of Business

Mailing Address

519 EAST SAMPLE ROAD  
POMPANO BEACH FL 33064

519 EAST SAMPLE ROAD  
POMPANO BEACH FL 33064

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

12/06/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0969139

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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
PTD	DESIR, BENEDIC	3490 N.E. 1ST AVENUE, SUITE #B	POMPANO BEACH FL 33064
VSD	DESIR, CHRISMENE	3490 N.E. 1ST AVENUE, SUITE #B	POMPANO BEACH FL 33064

200003434312--7  
-10/23/00-01005-015  
\*\*\*\*750.00 \*\*\*\*750.00

10/18

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PREMIER MANAGEMENT COMPANY  
1437 N.E. 4TH AVENUE  
FORT LAUDERDALE FL 33311

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 10-12-2000

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-12-00

954-946-0209