## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

REIN	IS DE MBC	S	Secreta	rine Harris ary of State CORPORATIONS		TIVISION	ETARY ( OF COB	O St Stall	
1. Corpora			o, <sub>oct</sub>	22 PM	OP STAIL PORATIONS 5:48				
Bra su	UPPLY, INC.	ិវេ		ļ					
Principal Pl	Place of Business	Mailing Address	s				<b></b>		
JUPITER FL 33458 JUPITER F				:- COURT-					
	addresses are incorrect in any way, line incipal Office Address, If Applicable				A Bota Incom	Ovelffee			$\neg$
Suite, Apt.				ddress, If Applicable		oorated or Qualified iness in Florida		10/1999	
City & State			ÄGE (	CLUBHOUSE CIR	5. FEI Number	13-5677246		Applied For	]
		City & State  TUPITER	2, F	2.	6.	100011270	CO 7/	Not Applicable	
Zip	Country	<sup>Zip</sup> 33 458-78	826	Country U.S.A.		E OF STATUS DESIRE	ED 🗆 Source	5 Additional Fee require or a Certificate of Status	d
7. Names a	and Street Addresses of Each Officer an	nd/or Director (Florid	a nonprof	fit corporations must list at lea					
Title(s)	Name of Officers and/or Directors		3	Street Address of Each Officer and/or Director		4	City / Stat	te / Zip	
D	BURGOS, RAYMOND			AGE CLUBHOUSE GOURT	CLUBHOUSE GOURT C 1 RCLLE JUPITER FL 33458				
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		1			!	Himis	ı		
	8. Name and Address of Curren	nt Registered Agent	:		9. Name and /	Address of New Re	egistered A	gent	$\dashv$
	COMPANIA IN COMPANIA			Name					801)
	OS, RAYMOND LLAGE CLUBHOUSE COURT			Street Address (P	O. Box Number	is Not Acceptable)		· - <del>-</del>	CR2E040 (8/01)
	IR FL 33458			Suite, Apt. #, Etc.	,				용
				City			State	Zip Code	1
12 / boing	1 - dut						FL		4
10. I, being	g appointed the registered agent of the al	bove named corporati	ilon, am te	amiliar with and accept the op-	Aigations of Section	on 607.0505, F.S.			
	91901C	e emise a rate para	5×151	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~					
Signature of Registered A	Agent		Date						
		REGISTERED AGEN						<del></del>	4
this reins owed by	that I am an officer or director or the rec statement application, the reason for dis y the corporation have been paid and the application is true and accurate, and my	ssolution has been elir ne names of individuals	iminated, t Is listed or	the corporate name satisfies to on this form do not qualify for a	the requirements an exemption und	of section 607.040	1 or 617.040	01, F.S., that all fees	
SIGNAT	TURE: LUMPAN	n In	N	PAYMON	VD BUB	BBS (56	1) ) 5	13-8309	

"think you for your undrivershing.

Please accept the above season for the laist hay resert.

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According to the English account for reduce about me and so united for \$250,000.

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BFG SUPPLY, INC.

ADMIRALS COVE GOLF VILLAGE

115 Village Clubbouse Circle

115 Village Clubhouse Circle

Jupiter, Fl.33458-7826 医神经病 化环代码 化二氯甲基甲基苯基

TET GAR COLD STRAIGHT (561) 743-8309

October 15, 2001

State of Florida Dept. of State **Division of Corporations** P.O. Box 6327

Tallahassee, Fl. 32314-6327

progress to the distribution

MAN MEDICAL

Ref:Document# P99000107030 COAC COAC COPE & HIT YORK

Gentlemen:

PROVIDER NO

Attached is my application for reinstatement and a check for \$150.00.

I have not received any previous payment form before this one. I have been having problems with my mail. The address you show in this form is incorrect.

Please accept the above reason for the late payment.

Thank you for your understanding.

2001	NIFORM BUSI	NESS REPO	RT (UBR)						
1. Entity Nan	ne	0000 4251	• ,	J. SELSE TARY OL.					
	rcom Communi	·-		OI OCT 22 PM 5: 55					
Principal Place 708/6 Sui,76	Grand National D 106 106 106 107 108	Malling Address r. 7081 Grav Suite 10	nd Nation	nal Drive					
			0, FL 328						
	Place of Business	3. Mailing Address							
Suite, Apt.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & Stat	de	City & State		4. FEI Number 59 - 3377948 Applied For Not Applicable					
Zip	Country	Zip	Country	Certificate of Status Desired					
7560	6. Name and Address of Current F		Name	7. Name and Address of New Registered Agent					
7081	Grand Nation	V Drive	Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
Suite	2/06								
0174	ndo, FL 328/9	/ 	City	FL Zip Code					
8. The above	named entity submits this statement for	the purpose of changing its	registered office or reg	istered agent, or both, in the State of Florida.					
SIGNATURE .	Signature, typed or printed name of registered agent ar	od title if applicable. (NOTE	: Registered Agent signature rec	quired when reinstating) DATE					
Tax filing n	oxation is eligible to satisfy its Intangible equirement and elects to do so.	After MAY 1, 200	II FEE IS \$150.00 01 Fee will be \$550 le to Department of	Trust Fund Contribution Added to Fees					
11.	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
NAME STREET ADDRESS CITY-ST-ZIP	John C. Redmond 708 I Grand National Orlando, FL 35	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change					
TITLE NAME STREET ADDRESS	07.50,700	☐ Delete	TITLE NAME	****150.00 *****150.00 Change Addition					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delote	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition					
13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or the corporation or the receiver or the corporation of									
SIGNAT	URE:	(n)	$\langle \rangle$	Okate Baygine Proces					



## To Whom It May Concern:

This letter is being written per my conversation with your office on October 16th, 2001. This company, Intercom Communications did not receive the first and/or original invoice nor the second notice mailed out by your office. This could be due to the fact that the mail carrier in this area does not deliver mail without the suite number. Please include the suite number on future mailings to ensure that we receive all mailings from your office.

Due to us not receiving this report for filing, it was honestly overlooked on our behalf. I was informed that the Uniform Business Report is mailed at the beginning of the year. We did not receive this report. And, unfortunately, we did not receive your second notice. If you research your records, you will observe this company has been in business for several years.

I am asking that you please not disrupt the flow of business by dissolving or revoking our privilege to transact business and honor the \$150.00 filing fee. Please accept our enclosed \$150.00 filing fee and letter of explanation.

If by some unforeseen chance that we do not receive the original report, I now have you marked on my calendar for the next year so that this does not occur again.

Thank you,

John C. Redmond