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 DEC -13 PM 4:00

DOCUMENT # 845451

REINSTATEMENT 01

1. Corporation Name
B.G. ENTERPRISES OF MIAMI, INC.

2. Principal Office Address	3. Mailing Office Address
7990 SW 117th Ave	7990 SW 117th Ave
Suite, Apt. #, etc. Ste# 137	Suite, Apt. #, etc. Ste#137
City & State Miami, Florida	City & State Miami, Florida
Zip 33183 Country USA	Zip 33183 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 4-15-91

5. FEI Number 650256824 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee (Does not apply to Certificate of Status)

7. Name and Address of Current Registered Agent

Name: Hector Garcia J.

Street Address (P.O. Box Number is Not Acceptable): 7990 SW 117th Ave

Suite, Apt. #, Etc.: Ste# 137

City: Miami State: FL Zip Code: 33183.

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: Hector J Garcia Date: 12-13-01
REGISTERED AGENT MUST SIGN

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	Hector Garcia, J.	9705 SW 62nd Street	Miami, Fl 33173.
Sec	Candida Garcia	9705 SW 62nd Street	Miami, Fl 33173.

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: Hector J Garcia 12-13-01 3059766644
SIGNATURE AND TYPED OR PRINTED NAME OF DESIRED OFFICER OR DIRECTOR — Date — Daytime Phone #

AD

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

H.G. ENTERPRISES OF MIAMI, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$750.00