

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # S52954

1. Corporation Name

BOUGAINVILLEA FARMS, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

200 S. BISCAYNE BLVD.
SUITE 4700
MIAMI FL 33131

Mailing Address

200 S. BISCAYNE BLVD.
SUITE 4700
MIAMI FL 33131

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

REINSTATEMENT

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/16/1991

Suite, Apt. #, etc.

255 ARAGON AVE

Suite, Apt. #, etc.

255 ARAGON AVE

City & State

CORAL GABLES, FL.

City & State

CORAL GABLES, FL.

Zip

37134

Country

USA

Zip

33134

Country

USA

5. FEI Number

65-0268808

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	EIDSON, LEWIS S.	200 S. BISCAYNE BLVD.	MIAMI FL
D	EIDSON, MARGARET	200 S. BISCAYNE BLVD.	MIAMI FL

600003493326--1
-12/11/00--01037--010
****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EIDSON, LEWIS S.
200 S. BISCAYNE BLVD.
SUITE 4700
MIAMI FL 33131

Name

EIDSON, LEWIS S.

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

255 SOLANO PRADO

Suite, Apt. #, Etc.

CORAL GABLES

City

State

FL

Zip Code

33134

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/26/00

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/26/00

Date

Daytime Phone #

305476-7400

KE

CR2E040 (8/00)