

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # V01148

1. Corporation Name

Business International; Group, Inc.

2. Principal Office Address

4006 S. E. 3 Ave.

3. Mailing Office Address

4006 S. E. 3 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral, FL 33904

City & State

Cape Coral, FL 33904

Zip

33904

Country

USA

Zip

33904

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/17/91

5. FEI Number

65-0303381

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

Ben Daidone

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

4006 S. E. 3 Ave.

Suite, Apt. #, Etc.

City

Cape Coral,

State

FL

Zip Code

33904

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**

X *Ben Daidone*

Date

Sept 27, 2001

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	Oliver Liesen	4006 S. E. 3 Ave.	Cape Coral, FL 33904
SD	Ben Daidone	4006 S. E. 3 Ave.	Cape Coral, FL 33904

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:

Benedetto W Daidone
BENEDETTO W DAIDONE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Sept. 27, 2001

Daytime Phone #

941-549-5570

APPROVED
AND
FILED

01 OCT 22 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (9/00)