

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 FEB -4 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT #

BB 25, Inc.
c/o B.H.S.C.
9595 Wilshire Blvd.
#1010
Beverly Hills, CA 90212

V 15179

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

Zip Code

3. Date Incorporated or Qualified
To Do Business in Florida
2/17/92

4. FEI Number
95-4364176

FEI Number Applied For
FEI Number Not Applicable

5. \$8.75 Additional Fee required
for a Certificate of Status
CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
Pres.	Roberto Bonilla	9595 Wilshire Blvd. #1010	Beverly Hills, CA 90212
Sec.	Roberto Bonilla	9595 Wilshire Blvd. #1010	Beverly Hills, CA 90212

500002080125--9
-02/06/97--01052--003
***575.00 ***575.00

REINSTATEMENT

REGISTERED AGENT INFORMATION

8. Name and Address of New Registered Agent and/or Office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State

Zip

FL.

7. Name and Address of Current Registered Agent

Dan Horwits, Esquire
Abel, Band, Russell, Collier, Pitchford
Barnett Bank Center
240 S. Pineapple Ave. P.O. Box 49948
Sarasota, FL 34230-0648

9. 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

REGISTERED AGENT MUST SIGN

Date

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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., and that all fees owed by the corporation have been paid. 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 of
Officer or Director

Date

Daytime Phone #

Typed or printed name of signing officer or director