

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V55413

1. Corporation Name

B.S. Jr Inc, Corp

2. Principal Office Address

154 Seashore Dr

Suite, Apt. #, etc.

City & State

Jupiter, FL

Zip

33477

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

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

8/3/92

5. FEI Number

65-0357248

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

William Simone

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

154 Seashore Dr

Suite, Apt. #, Etc.

City

Jupiter

State

FL

Zip Code

33477

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

REGISTERED AGENT MUST SIGN

Date **March 3, 2003**

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
Pres	William Simone	154 Seashore Dr	Jupiter, FL 33477
VP	Peter Simone	277 Great River Rd	Great River, NY 11739

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/03

Date

561-741-1043

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAR 10 PM 2:18

CR2E081 (10/02)

B. S. Jr, Inc. Corp
154 Seashore Dr
Jupiter, Fl 33477
(561) 741-1043 fx 741-1045
bsimone@bellsouth.net

March 4, 2003

Florida Dept. of State
Division of Corporations
PO Box 6327
Tallahassee, Fl 32314
850-245-6034

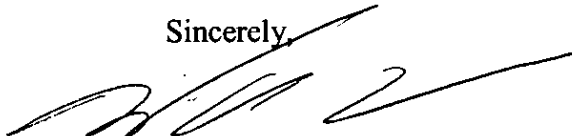
RE: Reinstatement

To Whom It May Concern:

Please reinstate my corporation effective immediately. Although all the files are updated with the Tax Revenue Service of Florida it evidently is not updated in your division, consequently, I have never received a renewal form at the above address. I respectfully request a waiver of the late fees and accept my check for \$450 as per my conversation with your agent in Tallahassee on March 4th, 2003. I understand this will bring BS Jr, Inc. up to date with all its obligated fees up to and including 2003.

If there is a problem or any questions please contact me at the numbers above.

Sincerely,

A handwritten signature in black ink, appearing to read 'William Simone', written over a horizontal line.

William Simone
President