

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 16, 2017 08:00 AM**  
**Secretary of State**

DOCUMENT # F13000004172

1. Corporation Name

BPA International, Inc.

2. Principal Office Address (No P.O. Box)

900 Stewart Avenue

State, Apt. #, etc.

Suite 110

City & State

Garden City, NY

Zip

11530

Country

US

3. Mailing Office Address

900 Stewart Avenue

State, Apt. #, etc.

Suite 110

City & State

Garden City, NY

Zip

11530

Country

US

4. Date Incorporated or Qualified:

To Do Business in Florida

09/26/2013

5. FIC Number

113279015

6. Certificate of Status Reg. Fed.

7. Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

8. Street Address (No P.O. Box) (Include P.O. Box if applicable)

1201 Hays Street

State, Apt. #, etc.

City

Tallahassee

State

FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0605, F.S.

Signature of Registered Agent

*Melissa Zender*

Melissa Zender

Date

6/22/17

REGISTERED AGENT MUST SIGN

Asst. Vice President

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)

Name	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
PC	Renda, Lisa	900 Stewart Avenue	Garden City, NY 11530
VPVC	Blackwell, David	900 Stewart Avenue	Garden City, NY 11530

10. E-mail Address:

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the registered agent of the corporation and I am providing the information as provided for in chapter 607 or 617, F.S. I declare under penalty of perjury that the 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 taxes owed by the corporation have been paid. I file this certifying the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 917.155, F.S.

SIGNATURE:

*Melissa Zender*

PRINTED AND SIGNED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T HENDERSON HENDERSON  
JUN 22 2017 22 2017