

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 DEC -3 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 638027

1. Corporation Name

B C H BUILDERS, INC.

Principal Place of Business

2613 CASEY KEY ROAD
NOKOMIS FL
US

Mailing Address

1 EDMUND GATE/ATTN: WILLIAM HEASLIP
TORONTO, ONTARIO M4V2M1
CANADA



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

W.R. GARRETT CPA
2861 EXECUTIVE DR
CLEARWATER FL
33762 USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/1979

5. FEI Number

59-1940223

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	HEASLIP, WILLIAM A	1 EDMUND GATE	TORONTO, ONTARIO CANADA M4V2M1

800002367408--0
-12/09/97--01105--003
****750.00 ****750.00

8. Name and Address of Current Registered Agent

GILDAN, LAURIE L
777 SOUTH FLAGLER DRIVE.
SUITE 310 EAST
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name

W.R. GARRETT

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

2861 EXECUTIVE DR

Suite, Apt. #, Etc.

100A

City

CLEARWATER

State

Zip Code

FL

33762

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

W.R. Garrett
REGISTERED AGENT MUST SIGN

Date 11/3/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

None owed
(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., 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

WILLIAM A. HEASLIP

Date

Daytime Phone #

11/3/97 416 979 1991 EXT 369