

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 NOV -3 PM 7:59

DOCUMENT # **F 68597**

1. Corporation Name

B.C.A. & Associates, Inc.

2. Principal Office Address - No P.O. Box #

15600 N.E. 14 Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

15600 NE 14 Ave

Suite, Apt. #, etc.

City & State

N. Miami Beach, FL

City & State

N. Miami Beach, FL

Zip

FL 33162

Country

U.S.A.

Zip

33162

Country

U.S.A.

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

2-24-82

5. FEI Number

☒ 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

Berris C. ANDERSON

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

15600 NE 14 Ave

Suite, Apt. #, Etc.

City

North Miami Beach

State

FL

Zip Code

33162

100278768111
11/03/15--01027--013 **\$400.00

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

B. Anderson

REGISTERED AGENT MUST SIGN

Date

10:23:15

(10:23:15)

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
DR	Berris C. Anderson	15600 NE 14 th Ave.	N. Miami Beh. FL 33162

REINSTATEMENT

NOV 03 2015

R. HUNT

10. E-mail Address: **conroy7@gmail.com**

(To be used for future annual report notification)

11. 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. I further certify, 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.817.155, F.S.

SIGNATURE:

B. Anderson

BERRIS C. ANDERSON

Date

10:23:15

Daytime Phone #

(305) 331-1031