


2007 FOR PROFIT CORPORATION REINSTATEMENT

| | | |
|----------------------------------|--|---|
| DOCUMENT # F96000000188 | |  |
| 1. Entity Name B.C.M.C., INC. | | |

FILED
07 AUG -9 AM 10: 29
STATE OF FLORIDA

| | |
|--|--|
| Principal Place of Business 2851 NE 183 ST, Unit 816 NMB, FL 33160 | Mailing Address 2851 NE 183 ST NMB, FL 33160 |
|--|--|

07/30/07 01054 001 \$300.00



REINSTATEMENT 06-07

| | | | |
|---|---------|---|---------|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|---|--|
| 4. FEI Number 65-0608852 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | |
| BASS, MARILYN 2851 NE 183 ST NORTH MIAMI BEACH, FL 33160 | |

| | |
|--|-------------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | | | | | | | | | | | | |
|--|--|--|---------------------------------|--|---------------------------------|--|---------------------------------|--|---------------------------------|--|---------------------------------|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">P BASS, MARILYN 2851 N.E. 183 ST. NORTH MIAMI BEACH, FL 33160</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>S BASS, LEWIS 2851 N.E. 183 ST. NORTH MIAMI BEACH, FL 33160</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table> | P BASS, MARILYN 2851 N.E. 183 ST. NORTH MIAMI BEACH, FL 33160 | <input type="checkbox"/> Delete | S BASS, LEWIS 2851 N.E. 183 ST. NORTH MIAMI BEACH, FL 33160 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Delete |
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| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | | | | | | | | |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marilyn Bass*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 8/3/07 Daytime Phone #: 305-932-4603