

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2018 DEC 13 AM 6:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M35960**

Corporation Name
Bc Co Inc.

Principal Office Address - No P.O. Box #
1421 SW 1st Way
Suite, Apt. #, etc.

3. Mailing Office Address
Same
Suite, Apt. #, etc.

City & State
Deerfield Beach, FL

City & State

Zip
33441

Country
US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

July 30, 1986

5. FEI Number
59-2700790

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
Robert A. Vrenna

Street Address (P.O. Box Number is Not Acceptable)
1961 NE 34th Ct.

Suite, Apt. #, Etc.
A

City
Lighthouse Point

State
FL

Zip Code
33064

600322058116
12/13/18--01028--004 **1800.00

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 **Robert A. Vrenna**

REGISTERED AGENT MUST SIGN

Date **Dec. 7, 2018**

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
P	Robert A. Vrenna	1961 NE 34th Ct. A	Lighthouse Pt, FL, 33064

REINSTATEMENT

2011-2018

E-mail Address: **drolds1@bellsouth.net**

(To be used for future annual report notification)

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: **Robert A. Vrenna** **Robert A. Vrenna**

Dec. 7, 2018

954-849-6998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #