

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2011 NOV. 18 AM 9:57

SECRETARY OF STATE
PALM BEACH, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06000009051

1. Corporation Name

BCM FOUNDATION INC

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

11985 SOUTHERN BLVD

3. Mailing Office Address

Suite, Apt. #, etc.

305

Suite, Apt. #, etc.

City & State

ROYAL PALM BEACH FL

City & State

Zip

33411

Country

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

8-25-2006

5. FEI Number

56-2626223

☐ 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

MICHAEL BARTLEY

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

17395 FOXTRAIL LANE

Suite, Apt. #, Etc.

City

LOXAHATCHEE

State

FL

Zip Code

33470

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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

REGISTERED AGENT MUST SIGN

Date

11/15/11

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
P	MICHAEL BARTLEY.	17395 FOXTRAIL LANE	LOXAHATCHEE FL 33470
S	BERNADETTE SELBY	1332 SCHENECTADY AVE	BROOKLYN NY 11203
T	RUBY THOMPSON	1451 E 96TH STREET	BROOKLYN NY 11236

REINSTATEMENT

DS-61 PV

10. E-mail Address: PBARTLEY8@YAHOO.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/15/11

Daytime Phone #