

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN -8 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07000003647

1. Corporation Name

BSMC ORLANDO, INC

REINSTATEMENT 08-09

800165320068
01/08/10--01026--004 **306.25

CR2E081 (11/09)

| | | | |
|--|---------------|--|---------------|
| 2. Principal Office Address - No P.O. Box # 4725 W CONCORD AVENUE | | 3. Mailing Office Address PO BOX 580707 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State ORLANDO, FL | | City & State ORLANDO, FL | |
| Zip 32808 | Country US | Zip 32858 | Country US |

4. Date Incorporated or Qualified
To Do Business in Florida 04/04/2007

5. FEI Number
20-8814448

| |
|----------------|
| 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 DAVID PHELAN | | | |
| Street Address (P.O. Box Number is Not Acceptable) 4725 W CONCORD AVENUE | | | |
| Suite, Apt. #, Etc. | | | |
| City ORLANDO | State FL | Zip Code 32808 | |

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 01/06/2010

REGISTERED AGENT MUST SIGN

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 |
|--------|-----------------------------------|--|---------------------|
| PT | DAVID PHELAN | 4725 W CONCORD AVENUE | ORLANDO, FL 32808 |
| VP | EVELYN BENTON | 4725 W CONCORD AVENUE | ORLANDO, FL 32808 |
| S | MELVIN ROOMES | 4053 SAFFLOWER TERRACE | OVIEDO, FL 32766 |
| T | LEVARN FAINE | 108 ESTATE CIRCLE | LAKE MARY, FL 32746 |
| | | | |
| | | | |

cc 1/8

10. E-mail Address: dphelan81@embarqmail.com / radio@bsmcorlfl.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., that all fees owed by the corporation have been paid, and 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.

SIGNATURE:

DAVID PHELAN

01/06/2010 321 356-5048

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #