

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 NOV -7 AM 8:01

DOCUMENT # **N43284**

1. Corporation Name

BCARC HOMES IV, INC.

Principal Place of Business

1694 CEDAR STREET
ROCKLEDGE FL 32955

Mailing Address

1694 CEDAR STREET
ROCKLEDGE FL 32955



REINSTATEMENT 02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/03/1991

5. FEI Number

59-3185288

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCEO	SCHWEINSBERG, JOHN R JR	850 BELHURST LANE	ROCKLEDGE FL
TD	SWIFT, BARRY	201 BARTON BLVD	ROCKLEDGE FL
CD	NUTTING, CHARLES	719 E HIBISCUS BLVD	MELBOURNE FL
D	REARDO, FACIEDA	2515 RAINTREE LAKE CIR	MERRITT ISLAND FL 32953
DS	DROPESKI, CINDY	680 WEST EAU GALLIE CAUSEWAY	MELBOURNE FL 32955
PCD	SHINN, GREGG	1934 S FISKE BLVD	ROCKLEDGE FL

8. Name and Address of Current Registered Agent

DRESSLER, JAMES R
110 DIXIE LANE
COCOA BEACH FL 32931

9. Name and Address of New Registered Agent

Name

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

200008843692

Suite, Apt. #, Etc.

11/07/02--01005--015 **236.25

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/24/02

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 the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

[Signature]
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/02

321-698-3464

Date

Daytime Phone #

CR2E040 (8/02)