

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000096254

1. Corporation Name

BSC TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

1839 N.E. 181 STREET  
NORTH MIAMI BEACH FL 33162

1839 N.E. 181 STREET  
NORTH MIAMI BEACH FL 33162

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/12/2000

5. FEI Number

65-1045724

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DIRECTOR	SAMUEL LO	1839 N.E. 181 STREET <del>NORTH MIAMI BEACH FL 33162</del>	NORTH MIAMI BEACH FL 33162

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-11/21/01--01055--011

\*\*\*\*750.00 \*\*\*\*750.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LO, SAMUEL  
18999 BISCAYNE BLVD. SUITE #205  
AVENTURA FL 33180

Name

SAMUEL LO

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

1839 N.E. 181 STREET

Suite, Apt. #, Etc.

City

NORTH MIAMI BEACH

State

FL

Zip Code

33162

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 02 23, 01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02 23, 01

1888-567-6361