

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000112356

1. Corporation Name

BCCKI CORPORATION

Principal Place of Business

~~4230 SW 27TH ST.  
HOLLYWOOD FL 33023~~

Mailing Address

~~4230 SW 27TH ST.  
HOLLYWOOD FL 33023~~

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

2. New Principal Office Address, If Applicable

600 W. Hallandale Bch Blvd

Suite, Apt. #, etc.

# 3

City & State

Hallandale, FL

Zip

33009

Country

USA

3. New Mailing Office Address, If Applicable

600 W. Hallandale Bch Blvd

Suite, Apt. #, etc.

# 3

City & State

Hallandale, FL

Zip

33009

Country

USA

14. Date Incorporated or Qualified  
To Do Business in Florida

11/14/2001

5. FEI Number

65-1157859

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
PD	CRUMBLY, BERNARD	4230 SW 27TH ST	HOLLYWOOD FL 33023
VD	BROWN, TOUREK	4993 SW 171 TERR	MIRAMAR FL 33027
VD	CURRY, VICTOR T	13230 NW 7TH AVE	MIAMI FL 33168
VD	KELLY, JOHN SR	5454 FLETCHER ST	HOLLYWOOD FL 33021
VD	IVORY, WILLIE	13230 NW 7TH AVE	MIAMI FL 33168

8. Name and Address of Current Registered Agent

~~CRUMBLY, BERNARD  
4230 SW 27TH ST  
HOLLYWOOD FL 33023~~

9. Name and Address of New Registered Agent

Name

Mahoney Brown + Associates

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

4933 SW 171 Terrace

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33027

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]*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11/5/2002

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/5/2002

Daytime Phone #

FILED

02 NOV 12 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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11/12/02--01124--002 \*\*758.75



REINSTATEMENT 02

CR2040 (8/02)