PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORMYR DIT

CORPORATION
REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Secretary of State .

DIVISION OF CORPORATIONS

DOCUMENT # P0200058074

DOCU 1. Corpora	JMENT # 100000 ation Name BHC Enferta 15031 E64N	inment I	nc.		SECRETARY OF S TALLAHASSEE, FL	TATE ORIDA	
2. Principal Office Address  15031 EBAN LANC			ddress				
Suite, Apt. #, etc.  City & State		Suite, Apt. #, etc.  City & State		To Do Bus	4. Date Incorporated or Qualified To Do Business in Florida		
MIAN Zip 3:	the second of th	Zip	Country	6. CERTIFICAT	And the second s	Applied For Not Applicable  dditional Feoregulize entification Status	
7. Name and Address of Current Registered Agent							
	Street Address (P.O. Box Number is 503/ Suite, Apt. #, Etc.	A. MU Not Acceptable) ESTAN  LAKES,	LANC	8 <b>01</b> 12/02/0	0025163978 0301063034 **15 State Zip Code FL 33014	58. 75	
Signature of		ove named corporation, a	am familiar with and acc	cept the obligations of sect			
Registered Agent					Date :		
9. Names	and Street Addresses of Each Officer ar	nd/or Director (Florida no	nprofit corporations mus	st list at least 3 directors)			
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip		
Po	MARIO A MUSICA		15031 Egan Lane		Miani Lakes, F133014		
					11 1 3 T	9	

10. 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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

03 DEC -5 PM 12: 45

Ageron

November 24, 2003

To: Florida Department Of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: UBR/Reinstatement non-receipt (BMC ENTERTAINMENT, INC.) Ref. Number: P02000058074

Dear Mr. Sean Toner,

This letter shall serve as my statement of non-receipt of the 2003 UBR for **BMC ENTERTAINMENT, INC**, which new mailing address is 15031 Egan Lane, Miaminan Lakes, FL 33014.

Attached please find a check for \$ 158.75, which includes the amount requested for a certificate of status.

Respectfully,

Mario A. Mujica President & Owner Doc. # P02000058074

IERESA RODRIGUEZ
Notary Public - State of Florida
My Commission Expires Jun 25, 2004
Commission & CC9 48475

Acusa Onengung