## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION **FOR** REINSTATEMENT

DOCUMENT #

1. Corporation Name



P02000083746

## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

03 OCT 23 PM 2: 58



BCD ENTERPRISES INC. Principal Place of Business Mailing Address 2112.WEMBLEY WAY 2112 WEMBLEY WAY TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 3208 R.b. hood Rd. 2. New Principal Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 3208 Robinhood 08/02/2002 Suite, Apt. #, etc Suite, Apt. #, etc 5. FEI Number Applied For City & State City & State Not Applicable Tallahassee Talla hessec \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director P COPELAND, DAVID B 2112 WEMBLEY WAY TALLAHASSEE FL 32308 ٧ COPELAND, CHRISTOPHER P 3208 ROBINHOOD RD TALLAHASSEE FL 32312

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.

COPELAND, DAVID B

2112 WEMBLEY WAY

TALLAHASSEE FL 32308

8. Name and Address of Current Registered Agent

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 filling 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.

OF SIGNING OFFICER OR DIRECTOR Date

9. Name and Address of New Registered Agent

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

3208 Robinhood

Suite, Apt. #, Etc.

Zip Code 323/2



To: Division of Corporations

From: David Copeland

October 21, 2003

Attn: Renewals

This is my request to waive the late fee and renew BCD Enterprises Inc. I sent the renewal check on or around April 1, 2003. It has just been brought to my attention that my check never cleared the bank. Thank you for your time and attention to this matter.

Sincerely,

David Copeland

President