

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Nov 15, 2004 8:00 A.M.
Secretary of State

DOCUMENT # P02000113968

1. Corporation Name

BCI Central Inc.

2. Principal Office Address

799 S. Nova Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Ormond Bch. FL

City & State

Zip

32174

Country

Volusia

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

56-2298854

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Gregory H. Neely

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

799 S. Nova Rd.

Suite, Apt. #, Etc.

City

Ormond Bch.

State

FL

Zip Code

32174

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Gregory H. Neely

Date 10-29-04

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Gregory H. Neely	799 S. Nova Rd.	Ormond Beach Florida 32174

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:

Gregory H. Neely

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-04

Date

386-672-9329 Ex 107

Daytime Phone #

BCI CENTRAL, INC.
799 South Nova Road
Ormond Beach, Florida 32174
386-672-9329x107
fax 386-672-9878

8 October 2004

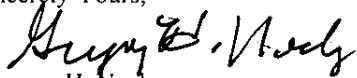
Florida Department of State
Corporation Division
PO Box 6327
Tallahassee, Florida 32314

In Re: Filing for BCI CENTRAL, INC.

Dear Sirs:

I am writing you at the direction of your office as follows. Due to storms this year we lost our building and lost all of our computers and harddrives. As a result we lost all of our paperwork that included the filing for this year as well as our checkbooks. I have enclosed the filing fee of \$150.00 and request that you file this report to activate the above corporation. I remain,

Sincerely Yours,


Gregory H. Neely
For BCI CE4NTRAL, INC.

*Returned to Corp. Div.
11/12/04 gmn*