

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL -7 AM 11:49

DOCUMENT # P03000056561

1. Corporation Name

BCOT Assessments and Services, Inc.

2. Principal Office Address - No P.O. Box #

8956 N.W. 34 Street

Suite, Apt. #, etc.

3. Mailing Office Address

8956 N.W. 34 Street

Suite, Apt. #, etc.

City & State

Cooper City, Florida

Zip

33024

Country

USA

City & State

Cooper City, Florida

Zip

33024

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

1/1/1991

5. FEI Number
51-0464915

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

Leonard M. Cusano

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

1860 N. Pine Island Rd

Suite, Apt. #, Etc.

113

City

Plantation

State

FL

Zip Code

33322

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

7/2/08

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
DP	Caits, Brian	8956 N.W. 34 Street	Cooper City, Florida 33024
DV	Caits, Clara	8956 N.W. 34 Street	Cooper City, Florida 33024
DST	Caits, Stephanie	8956 N.W. 34 Street	Cooper City, Florida 33024

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07/07/08--01060--019 **450.00

REINSTATEMENT

06-08

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 contained in Chapter 119, 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

6-25-08

Date

954-328-1505

Daytime Phone #