

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000077964

1. Corporation Name

**B.C. BUILDING SERVICES, INC.**

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

10733 Maple Chase Drive

3. Mailing Office Address

10733 Maple Chase Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33498

Country

USA

Zip

33498

Country

USA

**REINSTATEMENT**

CR2E081 (1/07)

06-057

4. Date Incorporated or Qualified  
To Do Business in Florida

07/15/2003

5. FEI Number

200102737

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 R OLMO

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

16101 Emerald Estate Drive

Suite, Apt. #, Etc.

# 450

City

Weston

State

FL

Zip Code

33331

☒ 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

11/30/07

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	GREGORY R OLMO	16101 Emerald Estate Drive # 450	Weston, FL 33331
			900112815339 12/04/07--01042--001 **308.75

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

11/30/07 954-598-3525

Date

Daytime Phone #

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**B.C. BUILDING SERVICES, INC.**

10733 Maple Chase Drive  
Boca Raton, FL 33498  
954-598-3525

November 30, 2007

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Corporation Reinstatement - # P03000077964

Dear Sir or Madam,

I am requesting that the reinstatement fees be waived for my corporation to be reinstated. I never received my Annual Report Notices due to the fact that there was a tenant renting space at my previous address and I never received my mail.

I am enclosing check number 451 in the amount of \$ 308.75 to cover the costs of reinstatement fees for the year 2006 and 2007, along with \$ 8.75 for the cost of a Certificate of Status.

I appreciate your assistance with this matter.

Sincerely,

  
Gregory R. Olmo  
President