

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

09 JUL 21 PM 2:32

DOCUMENT # P04000026127

1. Corporation Name

BMC CORPORATION OF AMERICA

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

17613 ASHBOURNE LANE

3. Mailing Office Address

50 SW 2ND AVE

Suite, Apt. # etc.

SUITE C

Suite, Apt. #, etc.

SUITE 201

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33496

Country

U.S.

Zip

33432

Country

U.S.

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

02/06/2004

5. FEI Number
20-0709290

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

VICTOR LERRO & COMPANY, PA

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

50 SW 2ND AVE

Suite, Apt. #, Etc.

SUITE 201

City

BOCA RATON, FL

State

FL

Zip Code

33432

☐ 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

Date

7/16/09

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
D	SARNOFF, JAY	17613 ASHBOURNE LANE	BOCA RATON, FL 33496

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:

VICTOR LERRO AS ATTORNEY IN FACT
FOR JAY SARNOFF, DIRECTOR

7/16/2009

561-995-0064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #