

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000060146

1. Entity Name  
BY INVITATION ONLY BPM INC



FILED

07 APR 11 PM 2:54

CLERK OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1300 ARMSTRONG DRIVE  
SUITE 101  
TITUSVILLE, FL 32796

Mailing Address  
1300 ARMSTRONG DRIVE  
SUITE 101  
TITUSVILLE, FL 32796

2. Principal Place of Business - No P.O. Box #

4845 Santa Rosa Ave

3. Mailing Address

4845 Santa Rosa Ave



04092007 REIN-P CR2E098 (1/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Titusville, FL

City & State

Titusville, FL

Zip

32780

Country

US

Zip

32780

Country

US

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCALLISTER, BRUCE  
1300 ARMSTRONG DRIVE  
TITUSVILLE, FL 32796

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/2007

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MCALLISTER, BRUCE P	
STREET ADDRESS	1300 ARMSTRONG DRIVE	
CITY-ST-ZIP	TITUSVILLE, FL 32796	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4845 Santa Rosa Ave.	
CITY-ST-ZIP	Titusville, FL 32780	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

REINSTATEMENT

800097296018  
04/18/07--01009--012 \*\*300.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/07

Date

Daytime Phone #