

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 OCT 23 PH 2:38

DOCUMENT # POSD000165774

1. Corporation Name

B+C Enterprises of Brevard Inc

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

1743 CANOVA Street

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 100525

Suite, Apt. #, etc.

City & State

Palm Bay, F

City & State

Palm Bay

Zip

32909

Country

US

Zip

32910

Country

US

200161499712
10/08/09--01029--014 \$4500.00

CR2E081 (12/08)

REINSTATEMENT4. Date Incorporated or Qualified
To Do Business in Florida

12/21/05

5. FEI Number

264-31-6543

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

William McAllister

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

485 DEACON AVE NE

Suite, Apt. #, Etc.

City

Palm Bay

State

FL

Zip Code

32909

☒ 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 617.0502, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/3/09

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	William McAllister	485 DEACON AVE NE	Palm Bay, FL 32909
VP	Cecil E Griffith	2321 MANTILLA AVE	Palm Bay, FL 32909

B. 10/23/09

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 DIRECTOR10/2/09 321-726-4170
Date Daytime Phone #