

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P13000086714

Entity Name: B C SPLICING, INC.

**FILED**  
**Nov 04, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

3690 NE 16TH AVENUE  
OCALA, FL 34479

**New Principal Place of Business:**

**Current Mailing Address:**

3690 NE 16TH AVENUE  
OCALA, FL 34479

**New Mailing Address:**

FEI Number: 46-3993224

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CALCUTT, BEAU  
3690 NE 16TH AVENUE  
OCALA, FL 34479 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: BEAU CALCUTT

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CALCUTT, BEAU  
Address: 3690 NE 16TH AVENUE  
City-St-Zip: Ocala, FL 34479

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BEAU CALCUTT

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

11/04/2014

\_\_\_\_\_  
Date