

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000011435

95-97

1. Corporation Name

BCN OF PINELLAS, INC.

Principal Place of Business

Mailing Address

783 SAN CHRISTOPHER DR.
DUNEDIN, FL 34698
U.S.

12350 S. BELCHER RD
SUITE 5A
LARGO, FL 33773

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/14/92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3158919

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	NUSSBAUM, BERT	4117 MALLARD DR.	SAFETY HARBOR, FL 34695

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NUSSBAUM, BERT
4117 MALLARD DRIVE
SAFETY HARBOR, FL 34695

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Bert Nussbaum

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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

BERT NUSSBAUM, PRESIDENT

Date

3-19-97

Daytime Phone #

813-538-3862

FILED

97 MAR 31 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 95-97

MWR

CR2040 (12/96)