


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000061983**

1. Corporation Name

B.C.S. ENTERPRISES INC.

Principal Place of Business

200 NW 36TH ST
MIAMI FL 33142

Mailing Address

200 NW 36TH ST
MIAMI FL 33142

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

2. New Principal Office Address, If Applicable

2395 N.W. 114TH ST

Suite, Apt. #, etc.

City & State
MIAMI - FLA

Zip
33127

Country
U.S.A.

3. New Mailing Office Address, If Applicable

2395 N.W. 114TH ST

Suite, Apt. #, etc.

City & State
MIAMI - FLA

Zip
33127

Country
U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

08/23/1994

5. FEI Number

65-0515710

Applied For

Not Applicable

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	City / State / Zip
1	2	3	4
DP	SIDDIQUE, MOHAMMAD	200 NW 36TH ST	MIAMI FL 33142

300004672149--5

-11/08/01--01011--019

******150.00 ****150.00**

8. Name and Address of Current Registered Agent

SIDDIQUE, MOHAMMAD
200 NW 36TH ST
MIAMI FL 33142

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED

Date

10/17/01

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/17/01

CR2ED40 (8/01)

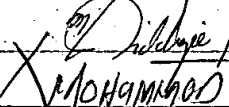
10/17/01

To: Department of State

Subject: B.C.S Enterprises Inc
2001 Annual Report

As per conversation with your department that we never received the first or second version of the annual Report and know you dissolved our corporation, please accept \$150⁰⁰ as agreed with your department in which you will Re-instate our Corporation. Please notice our new address

Sorry for any inconvenience this could have caused

Sincerely,
X  Mohammed Spangor
President