

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

99 NOV 15 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000078447

1. Corporate Name  
B.C. TRANSPORT ENTERPRISES, INC

Principal Place of Business Mailing Address  
4500 HIATUS ROAD #202-A  
SUNRISE FL 33351

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 10/25/94
5. Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 65-0451243
6. City & State	City & State	Applied For Not Applicable
Country	Zip	Country
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

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

1. Title	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P.	FRANCISCO M. DE PAULA JR	2944 NW 99 TERRACE	SUNRISE FL 33322
			400003053404--0
			-11/24/99--01006--013
			*****465.00 *****465.00

8. Name and Address of Current Registered Agent FRANCISCO M. DE PAULA JR 2944 NW 99 TERRACE SUNRISE FL 33322	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Applicable) Suite, Apt. #, Etc. City State FL Zip Code
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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 *Francisco M de Paula Jr* Date 11/11/99  
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: *Francisco M de Paula Jr* 11/11/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone #

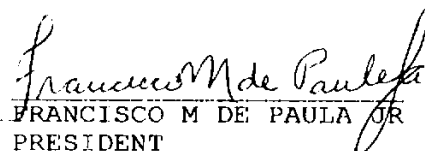
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

Dear Sir/Ms:

Per instructions from de Division Of Corporations, I am attaching a check in the amount of \$465.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with the corporation  
**B.C.TRANSPORT ENTERPRISES, INC.**

Thank you for your courtesy in this matter.

  
FRANCISCO M DE PAULA JR  
PRESIDENT