

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 APR 16 AM 7:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JD 4-16-08

800124311618
04/18/08--01008--026 **450.00

REINSTATEMENT 06-08

DOCUMENT # **P950000 28565**

1. Corporation Name

BMC of Bokeelia, Inc.

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

8421 Main Street

Suite, Apt. #, etc.

City & State

Bokeelia, FL

Zip

33922

Country

USA

3. Mailing Office Address

P.O. Box 449

Suite, Apt. #, etc.

City & State

Bokeelia, FL

Zip

33922

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/6/95

5. FEI Number

65-0579801

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

Loretta Williams

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

7336 Pinehurst Drive

Suite, Apt. #, Etc.

City

Bokeelia

State

FL

Zip Code

33922

☒ 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 617.0503, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

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
PSD	Loretta Williams	7336 Pinehurst Drive	Bokeelia, FL 33922

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 DIRECTOR

Loretta Williams, Pres.

4/10/08

Date

1-239-283-4300

Daytime Phone #