PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 NOV 18 AM 11:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000089572 (8)

1 Corporation Name
B.C.M. AUTOMOTIVE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
	c/o Richard Cahan Becker & Poliakoff, P.A. 5201 Blue Lagoon Drive Suite 100 Miami, FL 33126

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

REINSTATEMENT

96 AO

FOR DEPARTMENT USE ONLY

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
Suite, Apt. #, etc.	5201 Blue Lagoon Dr. Suite, Apt. #, etc. Suite 100
City & State	City & State Miami FL
Zip / Country	Zip / Country 33126 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/20/95

5. FEI Number: 65-065421 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Richard J. Alan Cahan	c/o Becker & Poliakoff 5201 Blue Lagoon Drive	Miami, FL 33126
D & P	JAY T. MILICH	Suite 100 5030 Champion Blvd.	
		Suite 6-245	Boca Raton, FL 33496
			800002010188--3 -11/20/96--01100--028 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

Richard J. Alan Cahan
c/o Becker & Poliakoff, P.A.
5201 Blue Lagoon Drive, Suite 100
Miami, FL 33126

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 _____ Date _____

RICHARD J. ALAN CAHAN REGISTERED AGENT MUST SIGN

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the corporation 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., and that all fees owed by the corporation have been paid. 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: _____ 305-262-4433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (9/92)