

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUN 17 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PA8000075082

1. Corporation Name

B. C. Choppers Inc

2. Principal Office Address

3. Mailing Office Address

1805 SW South Meade Blvd 1805 SW South Meade Blvd  
Suite, Apt. #, etc.

City & State

City & State

Port Saint Lucie, FL Port Saint Lucie, FL

Zip

Country

Zip

Country

34984

USA

34984

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

65-0854540

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Francis R Hersey

600038046596

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

283 SW Moselle Ave

06/17/04--01044--003 \*\*900.00

Suite, Apt. #, Etc.

City

Port Saint Lucie

State

FL

Zip Code

34984

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

[Signature]

REGISTERED AGENT MUST SIGN

Date June 16, 2004

**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
Pres	Francis R Hersey	283 SW Moselle Ave	Port St. Lucie, FL 34984
VPres	Scott Trahan	4649 Dactyl St	Port St. Lucie, FL 34983

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 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]

Francis R. Hersey

June 16, 2004

Date

772-344-0305

Daytime Phone #

CR2E081 (01/04)