

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

MAR 27 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P98000083024

**1. Corporation Name**

BCT Trading Import and Export Inc.

**2. Principal Office Address**

4400 118 Ave. North

**3. Mailing Office Address**

2056 Diamond Ct.

Suite, Apt. #, etc.

Suite 204

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Oldsmar, FL

Zip

33762

Country

USA

Zip

34677

Country

USA

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

Sept. 23, 1998

**5. FEI Number**

59-3537926

☒ Applicable  
☐ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 00-01

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

Name

Deborah A. Cooney, CPA

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

2555 Enterprise Rd.

7000003953277-8

-04/03/01--01063--021

Suite, Apt. #, Etc.

Suite 7

\*\*\*\*900.00 \*\*\*\*900.00

City

Clearwater

State  
**FL**

Zip Code

33763

**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

*Deborah A. Cooney, CPA*  
REGISTERED AGENT MUST SIGN

Date 1/29/01

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P      | Teja Herzog                          | 2056 Diamond Ct.                                  | Oldsmar, FL 34677  |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/29/01

Daytime Phone #

727-788-6830  
727-432-7855

CR2E081 (9/00)