

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

00 JAN 12 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-01/14/00--01088--011
****758.75 ****758.75
100003099511--1
-01/14/00--01088--012
****150.00 ****150.00

DOCUMENT # **V16313**

1. Corporation Name
BCP PROPERTIES, INC.

Principal Place of Business
**295 ORANGE ST.
OZONA, FL
34660**

Mailing Address
**PO Box 937
CRYSTAL BEACH, FL.
34681**

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
5/1/92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3124209

Not Applicable

Zip Country

Zip Country

6. CERTIFICATE OF STATUS DESIRED ☒ **38.75 Additional Fee required for a Certificate of Status**

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
P/D	CARROLL J. NEYREY	295 ORANGE ST.	OZONA FL 34681
S/D	PAUL JESTER	23 SNOWSHOR	ASHVILLE NC 28803

REINSTATEMENT **99-0011TS**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name **CARROLL J NEYREY**
Street Address (P.O. Box Number is Not Acceptable)
295 ORANGE ST
Suite, Apt. #, Etc.
City **OZONA** State **FL** Zip Code **34660**

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

Carroll J. Neyrey
REGISTERED AGENT, MUST SIGN

Date **11/22/99**

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:

Carroll J. Neyrey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARROLL J. NEYREY 11/22/99 813230 0300

Date

Daytime Phone #