PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 21 PM 5:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000104743

1. Corporation Name
BUSINESS CONSULTING & MANAGEMENT SERVICES, INC.

REINSTATEMENT 03

2. Principal Office Address	**3.** Mailing Office Address
11850 US Hwy 441	11850 US Hwy 441
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Mt. DORA FL	City & State: Mt. DORA, FL
Zip: 32757 Country: USA	Zip: 32757 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 9/25/02

5. FEI Number 32-0034891 ☐ 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: LOUIS R. BIRON

Street Address (P.O. Box Number is Not Acceptable): 11850 US Hwy 441

100024896971
11/21/03--01005--008 **150.00

Suite, Apt. #, Etc.:

City: MOUNT DORA State: FL Zip Code: 32757

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: Louis R Biron Date: 11/18/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
DPVS	LOUIS R. BIRON	11850 US Hwy 441	Mt. DORA, FL 32757
T	LOUIS R. BIRON	11850 US Hwy 441	Mt. DORA, FL 32757

11/25

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: Louis R Biron LOUIS R. BIRON 11/18/03 3522672882

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

Business Consulting & Management Services, Inc.
25541 State Road 46, Suite 2
Mount Plymouth, FL 32776

11/18/2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Document #P02000104743

To Whom It May Concern:

Enclosed please find my Corporation reinstatement form and reinstatement check in the amount of $150 for processing reinstatement of my corporation under FEIN 32-0034891 (note, this FEIN is not currently showing and should be updated).

On a cursory review of my corporation on the Division of Corporations web site, I became aware of the administrative dissolution for failure to file the annual report and effective 9/19/03. I immediately called the Department to discuss the situation as I did not remember receiving a notification and had actually thought that the filings were calendar year.

In my discussion with your representative, it was confirmed that, in fact, I was not properly notified of the pending dissolution. I was advised that the reinstatement fee would be waived as a result of that circumstance and that I should now send in my $150 renewal fee along with the corporation reinstatement form and this cover letter.

Accordingly, please accept this documentation as my formal request for reinstatement of my corporation.

Thank you for your prompt attention to this important matter.

Sincerely,

Louis R. Biron, President