

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2011 JUN 16 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
OFFICE OF CORPORATIONS

DOCUMENT # P05000071812

1. Corporation Name

B.D.M. Services, Inc

700197755877
03/25/11--01054--001 **150.00

700197755877
03/14/11--01064--011 **900.00

CR28081 (12/10)

2. Postage Office Address (No P.O. Box)
343 S. Goodman Rd

3. Mailing Office Address

City, State & Zip

City, State & Zip

City & State

Kissimmee, Florida

City & State

Zip

32747

Country
USA

Zip

Country

4. Only Incorporators Qualified To Do Business in Florida

5. FEIN/Number

Applicable For
 (If Applicable)

6. REINSTATEMENT OF STATUS

\$9.75 Additional Fee Imposed for a Certificate of Status

7. Name and Address of Current Registered Agent

Executive Management Solutions-Holly Monahan

Street Address (P.O. Box, Apartment or Mail Stop)

7751 Merkhaw Bend Place

City, State & Zip

Sanford

State
FL

Zip Code
32771

8. I, being appointed the sole agent of the above named corporation, do hereby authorize the collection of the above stated fee of \$17,000.00.

Signature of Registered Agent

Holly Monahan

REGISTERED AGENT MUST SIGN

Date: **March 4, 2011**

9. Names and addresses of all officers and directors of the corporation (If no officers or directors are listed, the corporation is not in good standing.)

Title	Name of Officer or Director	Street Address (P.O. Box, Apartment or Mail Stop)	City, State & Zip
President	Brian D Malcolm	343 S Goodman Rd	Kissimmee, FL 32747
REINSTATEMENT			
RH			

10. E-mail Address: **monahanholly@cfi.rr.com**

(To be used for future annual report notification)

11. I, being an officer or director of the corporation hereby authorize the collection of the above stated fee of \$17,000.00. I, the undersigned, being duly qualified by law to do so, do hereby certify that the information furnished on this form is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida. I am a resident of the State of Florida because I have lived in the State of Florida for at least 6 months immediately preceding the filing of this form. I am a resident of the State of Florida because I have lived in the State of Florida for at least 6 months immediately preceding the filing of this form. I am a resident of the State of Florida because I have lived in the State of Florida for at least 6 months immediately preceding the filing of this form.

SIGNATURE: *[Signature]*

Date: **March 4th 2011 407-690-2059**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #