

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2016 OCT 20 AM 10:36

DOCUMENT # F04000006406

1. Corporation Name

Business Financial Services, Inc.

200291467412

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
3301 North University Drive		3301 North University Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
300		300	
City & State		City & State	
Coral Springs, Florida		Coral Springs, Florida	
Zip	Country	Zip	Country
33065	USA	33065	USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business In Florida	
11/09/2004	
5. FEI Number	Applied For
04-3621790	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		
Corporation Service Company		
Street Address (P.O. Box Number is Not Acceptable)		
1201 Hays Street		
Suite, Apt. #, Etc.		
City	State	Zip Code
Tallahassee	FL	32301

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 Courtney Williams, Asst. V.P. Date 10/19/2016
REGISTERED AGENT MUST SIGN

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	Marc Glazer	3301 North University Drive, Suite 300	Coral Springs, FL 33065
Sec	Cathy Bass	3301 North University Drive, Suite 300	Coral Springs, FL 33065
Treasr	Marc Glazer	3301 North University Drive, Suite 300	Coral Springs, FL 33065

10. E-mail Address: anelzas@bfscapital.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

10/19/16
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 338937 7490672
AUTHORIZATION : *Spencer Cleman*
COST LIMIT : \$ 750.00

ORDER DATE : October 19, 2016
ORDER TIME : 1:18 PM
ORDER NO. : 338937-005
CUSTOMER NO: 7490672

REINSTATEMENT

NAME: BUSINESS FINANCIAL SERVICES,
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS _____

RECEIVED
16 OCT 20 PM 3:01
SUFFICIENT FOR FILING