

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F07000003663

1. Corporation Name

BS 1 Inc

2. Principal Office Address - No P.O. Box #

5457 Barlow Terrace

Suite, Apt. #, etc.

City & State

North Port, FL.

Zip

34287

Country

USA

3. Mailing Office Address

P O Box 7734

Suite, Apt. #, etc.

City & State

North Port, FL.

Zip

34290

Country

USA

4. Date Incorporated or Qualified

04/13/10--01003--016 **458.75

REINSTATEMENT 08-10

To Do Business in Florida 7/18/2007

5. FEI Number

52-121-3350

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

Sherrie Cremen

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

5457 Barlow Terrace

Suite, Apt. #, Etc.

City

North Port

State

FL

Zip Code

34287

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 4/1/2010

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
DPST	Mark Cremen	5457 Barlow Terrace	North Port, FL.34287
		4/1/13	

10. E-mail Address: flacruz@hotmial.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., 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.

SIGNATURE

Mark Cremen

4/1/2010

941-876-3456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #