

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM: FILED

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

Check # MAY -7 PM 3:28  
Enclosed in the amount of \$ 1350  
~~2000~~

DOCUMENT # F95 00004617

1. Corporation Name  
BSL SERVICE, INC

REINSTATEMENT 06-04

2. Principal Office Address  
1520 Victoria Isleway  
Suite, Apt. #, etc.

3. Mailing Office Address  
1520 Victoria Isleway  
Suite, Apt. #, etc.

WAY 700035764547  
15/07/04--01078--003 \*\*1350.00

City & State  
WESTON FL  
Zip Country  
33327 US

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WESTON FL  
Zip Country  
33327 US

4. Date Incorporated or Qualified To Do Business in Florida 9/22/95  
5. FEI Number 22-3204291 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 JAY H. WETCHER  
Street Address (P.O. Box Number is Not Acceptable) 1520 VICTORIA ISLE WAY  
Suite, Apt. #, Etc.  
City WESTON State FL Zip Code 33327

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 [Signature] REGISTERED AGENT MUST SIGN Date 1/25/04

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	BENNETT S. LEARN	5203 FISHER KING DRIVE FISHER ISLAND, FL 33103	Fisher Island, FL 33109
Sec	JAY H. WETCHER	1520 VICTORIA ISLE WAY	WESTON, FL 33327

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: [Signature] JAY H. WETCHER, Secretary Date 1/25/04 Daytime Phone # 9543851386

CR2E081 (10/02)