

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F97000005402	
1. Entity Name BSI ENVIRONMENTAL, INC.	



**FILED**  
05 NOV 15 PM 9:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT**

Principal Place of Business 4474 WOODBINE RD BLDG 3, STE 12 PACE, FL 32571	Mailing Address 357 176 E NINE MILE RD STE 1 PENSACOLA, FL 32514
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2. Principal Place of Business 1765 E. NINE MILE RD Suite, Apt. #, etc. SUITE 1	3. Mailing Address PO BOX #357 Suite, Apt. #, etc. 1765 E. NINE MILE RD, STE
City & State PENSACOLA	City & State PENSACOLA, FL
Zip FL	Country USA
Zip 32514	Country USA

4. FEI Number 75-2261037	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE <i>[Signature]</i> DATE 11-10-05

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FAESSVER, PAT 4474 WOODBINE RD. BLDG 3 STE 12 PACE, FL 32571 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LISSNER, KURT RT. 3, BOX 375 BIG SANDY, TX 75755 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CHRIS FRENCH 739 TIMBER RIDGE FONTANA, UT 84205 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LISSNER, ANGELA RT. 3, BOX 375 BIG SANDY, TX 75755 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIANE FRENCH 739 TIMBER RIDGE FONTANA, UT 84205 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplement report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>[Signature]</i> PAT FAESSLER	DATE: 11-10-05 (B5D) 380-1036