


Page 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 MAR 26 PM 3:41


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> F98000001789			
<b>1. Corporation Name</b> Building Service International of New York, Inc.			
<b>2. Principal Office Address</b> 225 Montauk Highway Suite, Apt. #, etc. Suite 219 City & State Moriches, NY Zip 11955 Country U.S.A.		<b>3. Mailing Office Address</b> P.O. Box 548 Suite, Apt. #, etc. Suite 219 City & State Moriches, NY Zip 11955 Country U.S.A.	

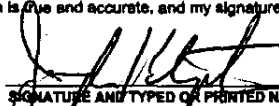
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> March 27, 1998	
<b>5. FEI Number</b> 11-3088745	<b>Applied For</b> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>	
Name Corporation Service Company	
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street	
Suite, Apt. #, Etc.	
City Tallahassee	State FL Zip Code 32301

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<b>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.</b>	
Signature of Registered Agent  REGISTERED AGENT MUST SIGN	Lynette Coleman as its agent Date 3/26/2001

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
DPTS	Joseph Kleinpeter	P.O. Box 548 225 Montauk Highway Suite 219	Moriches, NY 11955

<b>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.</b>			
<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Joseph Kleinpeter	March 20, 2001 Date	(631) 874-5140 Daytime Phone #



Page 202

ACCOUNT NO. : 072100000032

REFERENCE : 089814 4301811

AUTHORIZATION :

*Patricia Figueira*

COST LIMIT : \$ 908.75

ORDER DATE : March 23, 2001

ORDER TIME : 10:10 AM

ORDER NO. : 089814-025

CUSTOMER NO: 4301811

CUSTOMER: Bruce Brumberg, Legal Asst  
PHILLIPS, NIZER, BENJAMIN,  
PHILLIPS, NIZER, BENJAMIN,  
666 Fifth Avenue

New York, NY 10103-0084

DOMESTIC FILING

NAME: BUILDING SERVICE INTERNATIONAL  
OF NEW YORK, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
01 MAR 26 PM 12:08  
DIVISION OF CORPORATION