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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 MAR 26 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000001789

1. Corporation Name
Building Service International of New York, Inc.

2. Principal Office Address 225 Montauk Highway Suite, Apt. #, etc. Suite 219 City & State Moriches, NY Zip 11955		3. Mailing Office Address P.O. Box 548 Suite, Apt. #, etc. Suite 219 City & State Moriches, NY Zip 11955	
Country U.S.A.		Country U.S.A.	

4. Date Incorporated or Qualified To Do Business in Florida March 27, 1998

5. FEI Number 11-3088745	Applied For Not Applicable
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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.
3000039056 3--3

City
Tallahassee

State
FL

Zip Code
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 *Lynette Coleman* **Lynette Coleman** as its agent Date 3/20/2001

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
DPTS	Joseph Kleinpeter	P.O. Box 548 225 Montauk Highway Suite 219	Moriches, NY 11955

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REINSTATEMENT 06-01

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)(f), 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: *Joseph Kleinpeter* **Joseph Kleinpeter** **March 20, 2001** **(631) 874-5140**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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ACCOUNT NO. : 072100000032
REFERENCE : 089814 4301811
AUTHORIZATION : Patricia Fijnt
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