

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

04 FEB 12 AM 9:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L02000035039

Name and Mailing Address

0010268 01 AT 0.292 **AUTO T7 3 0615 33778-210221



BUSINESS SOLUTIONS SERVICES, LLC
10921 129TH AVENUE N.
LARGO FL 33778-2102



MJL

2/12

2. New Mailing Address 1477 S. Belcher Rd City, State, Zip Clearwater, FL 33764		4. State/Country of Formation FL																									
Principal Place of Business 10921 129TH AVENUE N. LARGO FL 33778		5. Date Organized or Qualified To Do Business in Florida 12/30/2002																									
3. New Principal Place of Business Address 1477 S. Belcher Rd City, State, Zip Clearwater, FL 33764		6. FEI Number 04-3733826 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status																									
8. Name and Address of Current Registered Agent SABET, JENNIFER T 10921 129TH AVENUE N. LARGO FL 33778		9. Name and Address of New Registered Agent Name Jennifer Sabet, T Street Address (P.O. Box Number is Not Acceptable) 42 Ventura DR City Dunedin FL 34698																									
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent [Signature] SIGNATURE REQUIRED Date 10/30/03 REGISTERED AGENT MUST SIGN																											
11. Names and Street Addresses of Each Managing Member/Manager <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Title(s)</th> <th style="width: 30%;">Name of Managing Members/Managers</th> <th style="width: 30%;">Street Address of Each Managing Member/Manager</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>Pres</td> <td>Jennifer Sabet</td> <td>42 Ventura DR Dunedin</td> <td>Dunedin, FL 34698</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	Pres	Jennifer Sabet	42 Ventura DR Dunedin	Dunedin, FL 34698																
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip																								
Pres	Jennifer Sabet	42 Ventura DR Dunedin	Dunedin, FL 34698																								

800028657748
02/12/04--01032--008 **200.00
REINSTATEMENT 2003-200

CR2E084 (7/03)

REINSTATEMENT 2003-2004

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager [Signature] Date Daytime Phone # (727) 532-6773

Typed or printed name of signing Managing Member/Manager