

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUL -1 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT #

1. Corporation Name

BUILDING SERVICE SOLUTIONS, INC
800 000069325

100006234611--8
-07/08/02--01003--012
****308.75 ****308.75

2. Principal Office Address

1844 N. NOB HILL RD #

Suite, Apt. #, etc.

#417

City & State

PLANTATION, FL

Zip

33322

Country

USA

3. Mailing Office Address

1844 N. NOB HILL RD #

Suite, Apt. #, etc.

#417

City & State

PLANTATION, FL

Zip

33322

Country

USA

**4. Date incorporated or Qualified
To Do Business in Florida**

7/20/00

5. FEI Number

05-1025416

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

LIAT ROSEN

Street Address (P.O. Box Number is Not Acceptable)

1844 N. NOB HILL RD #

Suite, Apt. #, Etc.

#417

City

PLANTATION

State

FL

Zip Code

33322

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

x Liat Rosen

REGISTERED AGENT MUST SIGN

Date

6/25/02

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
MSD	LIAT ROSEN	1844 N. NOB HILL RD. #417	PLANTATION, FL 33322

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:

x Liat Rosen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/25/02

Daytime Phone #

CR2E081 (9/01)

Building Service Solutions, Inc.
1844 N. Nob Hill Road, #417
Plantation, FL 33322
(954) 577-8832

Florida Department Of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

6/25/02

To Whom It May Concern:

While attempting to apply for a fictitious name it had come to my attention that the Florida Department of State had dissolved our corporation based on non receipt of Annual Report. I never received any correspondence from the Florida Department of State regarding the Annual Report which explains my oversight in this.

I spoke with Michelle Milligan at (850) 245-6059 and she told me that the address her office has on record is slightly different and listed as 1844 N. Nob Hill Road #147 when it should had been listed as 1844 N. Nob Hill Road, #417

Ms. Milligan instructed me to include this letter along with the Corporate Reinstatement form along with the annual fees for 2001 & 2002 and that the Florida Department of State will waive all penalty fees. This will be much appreciated since we never received the 2001 or 2002 Unified Business Report Ms. Milligan she spoken to be about. Ms. Milligan also had said that if there were any problems with this request that she will confirm that the address was an error but not on our part and that we should not be liable for any fees based on this oversight.

Sincerely,

Liat Rosen
6/25/02
Liat Rosen
Director