PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION, OF CORPORATIONS

DOCUMENT # P0000009394 (16
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1. Corporation Name

B.S.P. INTERNATIONAL, INC.

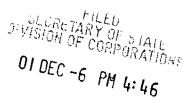
Principal	Place o	of Business

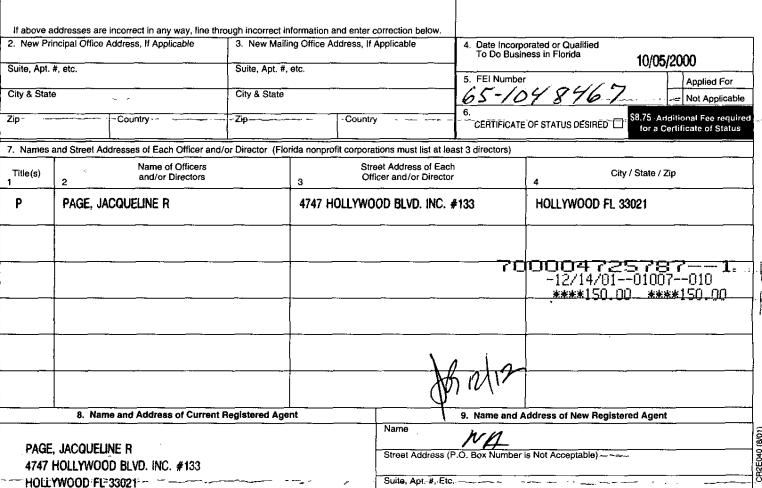
Mailing Address

4747 HOLLYWOOD BLVD. INC. #133 HOLLYWOOD FL 33021

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HOLLYWOOD FL 33021





10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

State Zip Code

FL

11. 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 filling 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.

City

SIGNATURE

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Payorote)

October 23, 2001

Division of Corporations
Annual Report/reinstatement section
P.O. Box 6327
Tallahassee, Fl 32314-6327

Dear Sirs:

This letter is to notify the Division of Corporations that I did not receive any filing paper prior to this last notice. This is my first corporation and I was unaware that I was supposed to receive forms to be sent back in. Please forgive my lack of knowledge for not double-checking my mail. I have enclosed a check for \$150.00. Thank you in advance for your consideration.

Sincerely

Jacqueline Page