

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC -6 PM 4:46

DOCUMENT # P00000093946

1. Corporation Name

B.S.P. INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

4747 HOLLYWOOD BLVD. INC. #133
HOLLYWOOD FL 33021

4747 HOLLYWOOD BLVD. INC. #133
HOLLYWOOD FL 33021

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/05/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-1048467

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	PAGE, JACQUELINE R	4747 HOLLYWOOD BLVD. INC. #133	HOLLYWOOD FL 33021

7000004725787-1
-12/14/01--01007--010
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PAGE, JACQUELINE R
4747 HOLLYWOOD BLVD. INC. #133
HOLLYWOOD FL 33021

Name

NA

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Jacqueline Page
REGISTERED AGENT MUST SIGN

Date

10/23/01

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 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:

Jacqueline Page
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/01 9549614558
Date Daytime Phone #

CR2E040 (8/01)

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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
Jacqueline Page
