PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

1. Corporation Name

## BUSINESS & PROFESSIONAL SERVICES, INC.

Principal Place of Business

2601 SOUTH BAYSHORE DRIVE

SUITE 4102

**MIAMI FL 33133** 

Suite, Apt. #, etc.

US

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 Suite, Apt. #, etc. 1600 

City & State City & State

Mailing Address

2601 SOUTH BAYSHORE DRIVE

SUITE +102" MIAMI FL 33133

900024050429 10/23/03--01059--014 \*\*150,00 Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

65-1122948

\$8.75 Additional Fee required

Applied For

Not Applicable

07/19/2001

FII FD

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SECRETARY OF STATE

TALLAHASSEE, FI ORIDA

6 Zip Country Zip Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director DVT GUERRA, PHILIP 5203 SW 71 PLACE **MIAMI FL 33155** DP ADORNO, HENRY N 2601 SOUTH BAYSHORE DRIVE, SUITE 1400 **MIAMI FL 33133** DVS YOSS, GEORGE T 2601 SOUTH BAYSHORE DRIVE, SUITE I GOO MIAM! FL 33133 **KSTATEMENT** 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent

**GUERRA, PHILIP** C/O ADORNO & ZEDER, P.A. 2601 SOUTH BAYSHORE DRIVE, SUITE 1600 **MIAMI FL 33133** 

Box/Number is Not

**PAUShore** 

na mi

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. or 617.0505, F.S.

Signature of stered Agent

REGISTERED AGENT MUST SIGN

Date Octobu 16, 2003

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. ice President & Treasurer

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ctobu 16, 2003 (305) 800 7015

## ADORNO & YOSS A PROFESSIONAL ASSOCIATION

2601 South Bayshore Drive, Suite 1600 MIAMI, FLORIDA 33133 PHONE: (305) 858-5555, FAX: (305) 858-4777 WWW.ADORNO.COM

MARGARET O'D. RYDER LEGAL ASSISTANT

DIRECT LINE: (305) 860-7362

DIRECT FAX:

(305) 858-4777

EMAIL: MOR@ADORNO.COM

October 16, 2003

Mr. Tyrone Scott Florida Secretary of State **Division of Corporations** 409 East Gaines Street Tallahassee, Florida 32399

> Re: Business & Professional Services, Inc. (the "Company") 2003 Uniform Business Report- Doc. # P01000071299

Dear Mr. Scott:

Enclosed herein is the original executed Application for Reinstatement on behalf of the captioned Company. Also enclosed is a Company check in the amount of \$150 to cover the annual filing fee. Please be advised that the 2003 Uniform Business Report for the Company was never received by the Company or this office as a result of a problem with the mailing address. We request at this time that the late fee penalty for the Company be abated, since the Report was not received by the Company timely.

If you have any questions or need additional information, please call me at (305) 860-7362.

Sincerely,

Margaret O.D. Rider

cc: Philip Guerra (w/enc)