

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR -7 11:10:02

DOCUMENT # **PO1000091388**

1. Corporation Name

**BUSINESS APPLICATION SYSTEMS
IMPLEMENTATION CONSULTANTS, INC.**

600068110086
03/20/06--01024--030 **8.75

600068110086
03/20/06--01024--029 **1050.00
CR2E081 (12/05)

2. Principal Office Address

18 PORT ROYAL WAY

Suite, Apt. #, etc.

3. Mailing Office Address

18 PORT ROYAL WAY

Suite, Apt. #, etc.

City & State

PENSACOLA FL

Zip

32502

Country

ESCAMBIA

City & State

PENSACOLA FL

Zip

32502

Country

ESCAMBIA

4. Date Incorporated or Qualified
To Do Business in Florida

7/01/2001

5. FEI Number

59-3736890

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

ANDREW GERALD NEEDHAM

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

18 PORT ROYAL WAY PENSACOLA

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32502

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **2/10/06**

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
President	ANDREW G. NEEDHAM	18 PORT ROYAL WAY	PENSACOLA FL 32502

REINSTATEMENT

04-06

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 contained in Chapter 119, 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/06
Date

850-529-2259
Daytime Phone #