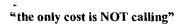
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED 03 OCT 15 PM 4: 04 FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State REINSTATEMENT SUCHETANY OF STATE TALLAHASSEE, FLORIDA DIVISION OF CORPORATIONS **DOCUMENT** # P01000122244 Business Solutions Unlimited USA, Inc. 1. Corporation Name 900024222299 10/29/03--01008--008 **158.75 2. Principal Office Address 3. Mailing Office Address 27313 Hollybook Tri.1 27313 Holly brook Trai Suite, Apt. #, etc. Suite, Apt. #, etc. N/A Date Incorporated or Qualified To Do Business in Florida 12-27-2001 City & State City & State 5. FEI Number Applied For Not Applicable \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 🔀 7. Name and Address of Current Registered Agent Name Neal Scoppethuolo Street Address (P.O. Box Number is Not Acceptable) Hollybrook Suite, Apt. #, Etc. State Zip Code 33543 Chape 8. I, being appointed the registered agent of the above named corporation, and ambiliar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Date_10-9-03 Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zip Woley Chapel, F1 33543 Neal Scope Hugle $\mathcal{D}\mathcal{P}$ 27317 Holly brook Trail 5312 Uillagbook De Corlton Dunko Antonette Scopettudo 10816 Coller Dr. Eugene Scoppetholo 1602 Poolor Glens 4 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 tru and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: (

SIGNATURE AND TYPED OR PRINTED NAME OF





10-10-2003

To Whom It May Concern:

I spoke with a wonderful lady in your offices on Thursday October the 9th about what we needed to do to reinstate our corporation. Appearantly after we moved from our last location our forwarding from the post office had expired resulting in BSU never receiving any correspondence from the State. When I explain this she replied that it was noted that the mail was returned "undeliverable".

She told me to download the form and send it in with a check for \$150.00 that they would waive the reinstatement fee due to the mail being returned. She also suggested that if I needed it recorded earlier to send it to one of the corporation services companies and that they would hand deliver it and the state would then file it within 24 hours.

If you have any questions please call me 800-373-1038

Sincerely & Appreciatively

Carlton DeWayne Dunko

Vice President

P.O.Box 47363 Tampa, FL 33647 Phone: 800-373-1038 Fax: 509-267-0488 www.gotobsu.com