

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAY 15 AM 7:56

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|---|---|---|--|---|--|
| DOCUMENT # P02000045250 1. Entity Name B&S CONSULTING ENTERPRISES, INC. | | | | | |
| Principal Place of Business 1439 CAPRI LANE 5701 FORT LAUDERDALE, FL 33326 | | | Mailing Address 1439 CAPRI LANE 5701 FORT LAUDERDALE, FL 33326 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip | | 3. Mailing Address 2677 N. MARIA PL Suite, Apt. #, etc. City & State CASA GRANDE, AZ Zip 85222 | | | |
| Country | | Country USA | | 4. FEI Number 02-0586897 | |
| Applied For <input type="checkbox"/> Not Applicable | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent MONTES, SHELLY P 1439 CAPRI LANE #5701 WESTON, FL 33326 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>Shelly P Montes</i></u> 05-06-2009 <small>SIGNATURE TYPED OR PRINTED NAME OF REGISTERED AGENT AND FEE IF APPLICABLE (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$300.00 | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSTD MONTES, SHELLY P 1439 CAPRI LANE #5701 WESTON, FL 33326 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 700156158457 05/19/09--01015--006 **300.00 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE: <u><i>Shelly P Montes</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div> 05-06-2009 <small>Date</small> </div> <div> 954-294-7399 <small>Daytime Phone #</small> </div> </div> | | | | | |

REINSTATEMENT 08-09 KS