

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB -2 PM 6:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000091490

1. Corporation Name

Business Software
Review, Inc.

2. Principal Office Address

410 Flagship Drive

Suite, Apt. #, etc.

Bldg 2 Unit 702

City & State

Naples Florida

Zip

34108

Country

Collier

3. Mailing Office Address

5261 Deepwood Rd

Suite, Apt. #, etc.

City & State

Bloomfield Hills MI

Zip

48302

Country

Oakland

REINSTATEMENT

05-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/10/03

5. FEI Number

30-0126612

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

Jennifer O'Brien

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

410 Flagship Drive

Suite, Apt. #, etc.

Building 2 Unit 702

City

Naples, Florida

State

FL

Zip Code

34108

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

Jennifer O'Brien

REGISTERED AGENT MUST SIGN

Date

1/25/05

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	Jennifer O'Brien	5261 Deepwood Rd	Bloomfield Hills, MI 48302
Vice President	Mike O'Brien	5261 Deepwood Rd	Bloomfield Hills, MI 48302

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 true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Jennifer O'Brien
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/05
Date

248/540-4855
Daytime Phone #

CR2E081 (01/05)