

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

04 OCT 18 PM 4:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P 02000121869

1. Corporation Name  
BM IT SERVICES, INC.

**REINSTATEMENT**

*of*

2. Principal Office Address

7565 SW 152 Ave.

3. Mailing Office Address

Suite, Apt. #, etc.

SUITE F 407

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33193

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
30-0131361

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

WILLIAM BURGOS

800041974088

10/19/04--01020--001 \*\*158.7

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

7565 SW 152 AVENUE

Suite, Apt. #, Etc.

SUITE F 407

City

MIAMI

State

FL

Zip Code

33193

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

REGISTERED AGENT MUST SIGN

Date

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
P	WILLIAM BURGOS	7565 SW 152 AVENUE	MIA FLORIDA 33193
VP	LUIS MONES	7565 SW 152 AVENUE	MIA FLORIDA 33193

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/04

Date

305-582-3654

Daytime Phone #

CR2E081 (01/04)

BM IT SERVICES, INC.  
7565 SW 152 AVENUE  
SUITE F 407  
MIAMI, FLORIDA 33193  
TEL. 305 582-3654

October 15, 2004

Department of State  
Division of Corporations  
409 E Gaines Street  
Tallahassee, Florida 32399

Dear Sir or Madam:

Re: Document # P 02000121869

Please note that we try to open a bank account, when we were informed that our corporation was not active.

We did not receive the annual report form, and therefore we did not renew the corporation.

Enclosed please find check for \$158.75 to cover for the renewal and the certificate of status.

I do appreciate your help in this matter

Yours truly,

  
William Burgos  
President