

# **2007 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000157395

Entity Name: BNL SERVICES, INC.

**FILED**  
**Dec 14, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

2395 PLACID DR.  
FT. WALTON BCH, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

2395 PLACID DR.  
FT. WALTON BCH, FL 32547

**New Mailing Address:**

711 POWELL DR.  
FT. WALTON BCH, FL 32547

FEI Number: 65-1216900

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEFEBVRE, BERNIE N  
2395 PLACID DR.  
FT. WALTON BCH, FL 32547 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: BERNIE N LEFEBVRE

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: LEFEBVRE, BERNIE  
Address: 2395 PLACID DR.  
City-St-Zip: FT. WALTON BCH, FL 32547

Title: VP ( ) Delete  
Name: POGUE, ANGELIA  
Address: 711 POWELL DR  
City-St-Zip: FORT WALTON BEACH, FL 32547

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERNIE N LEFEBVRE

Electronic Signature of Signing Officer or Director

PSTD

12/14/2007

Date