

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


09 MAR 20 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/20/09--01020--007 **450.00

REINSTATEMENT 07-09
CR2E064 (12/06)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **POS 0000 20138**
1. Corporation Name **BSI EXECUTIVE SEARCH, INC.**

2. Principal Office Address - No P.O. Box # 649 WANKLENAH PLANTATION ROAD		3. Mailing Office Address ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MONTICELLO, FL		City & State	
Zip 32344	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 02/08/05	
5. FEI Number 20-2367613	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name **CHARLES E. HOARE**

Street Address (P.O. Box Number is Not Acceptable)
649 WANKLENAH PLANTATION ROAD

Suite, Apt. #, Etc.

City **MONTICELLO** State **FL** Zip Code **32344**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 **[Signature]** Date **3-20-2009**

REGISTERED AGENT MUST SIGN

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
Sec. TRKX	CHARLES E. HOARE	649 WANKLENAH PLANTATION ROAD	MONTICELLO, FL 32344
Pres.	RICHARD M. FARRELL	PO BOX 55811	ST. PETERSBURG, FL 33732

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 contained in Chapter 119, 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]** **CHARLES E. HOARE** Date **3-19-2009** Daytime Phone # **850-997-6979**

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