


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000060679					
1. Entity Name B.S.C. SERVICES INC.					
Principal Place of Business 741 SHAFTON AVE DELTONA, FL 32738			Mailing Address 741 SHAFTON AVE DELTONA, FL 32738		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number	
				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1172006 REIN-P CR2E098 (11/05)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GATCHELL, WILLIAM J 731 SHAFTON AVE DELTONA, FL 32738			Name <i>Same</i>		
			Street Address (P.O. Box Number is Not Acceptable) <i>707 MULLET ROAD SUITE 204</i>		
			City <i>PORT CANAVERAL</i> FL Zip Code <i>32920</i>		
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 <i>[Signature]</i> <u>WILLIAM J GATCHELL, VP</u> <u>Nov 27, 2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$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	P GATCHELL, SHANNON L 731 SHAFTON AVE DELTONA, FL 32738	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900082219189 <input type="checkbox"/> Change <input type="checkbox"/> Addition 12/01/06--01058--022 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GATCHELL, WILLIAM J 731 SHAFTON AVE DELTONA, FL 32738	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. GATCHELL, COURTNEY J 731 SHAFTON AVE DELTONA, FL 32738	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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	
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.					
SIGNATURE: <i>[Signature]</i> <u>WILLIAM J GATCHELL</u> <u>Nov 27, 2006</u> <u>321-868-0007</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

FILED

06 DEC -1 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT-06



1172006 REIN-P CR2E098 (11/05)

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

[Handwritten Signature]

WILLIAM J GATCHELL, VP *Nov 27, 2006*

900082219189 Change Addition
12/01/06--01058--022 **150.00

SIGNATURE: *[Signature]* WILLIAM J GATCHELL Nov 27, 2006 321-868-0007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #