

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 DEC 31 PM 5:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P05000075718

1. Corporation Name

BSI-Background Screening & Investigations, Inc.

2. Principal Office Address - No P.O. Box #

2665 Bobcat Trail

Suite, Apt. #, etc.

City & State

Titusville, FL

Zip

32780

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E0B1 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

May 24, 2005

5. FEI Number

20-2897241

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
Yes

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michelle A Westman

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

2665 Bobcat Trail

Suite, Apt. #, Etc.

City

Titusville

State

FL

Zip Code

32780

500280545545
01/04/16--01008--011 **750.00

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

Michelle A Westman

Date **12/29/2015**

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
P	Michelle A Westman	2665 Bobcat Trail	Titusville, FL 32780
V	Stephen L Westman	2665 Bobcat Trail	Titusville, FL 32780
S	Michelle A Westman	2665 Bobcat Trail	Titusville, FL 32780

DEC 31 2015

M. WILLIAMS

10. E-mail Address: bsi-investigations@cfl.n.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Michelle A Westman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/2015

321-383-1911

Date

Daytime Phone #