

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 JUL 13 AM 9:17

DOCUMENT # POS000142777

1. Corporation Name

Business Intelligence, Inc.  
W09-30173000157556630  
06/22/09--01055--019 \*\*458.75

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

95084 SpringTide Lane

Suite, Apt. #, etc.

3. Mailing Office Address (new)

130 Cape Circle

Suite, Apt. #, etc.

City &amp; State

Fernandina Beach, FL

City &amp; State

Addison ME

Zip

32034

Country

USA

Zip

04606

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/19/2005

5. FEI Number

☒ Applied For☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☒\$3.75 Additional Fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

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

1201 HAYS ST.

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

☒ 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

Judith Harbaugh, Assistant VP

Date

6/11/09

REGISTERED AGENT MUST SIGN

## 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DIR/ PRES	VINCENT K. ROACH	130 CAPE CIRCLE	ADDISON ME 04606

000157556630  
07/13/09--01075--010 \*\*150.00

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:

Vincent Roach Vincent Roach 6/3/2009 3179666401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

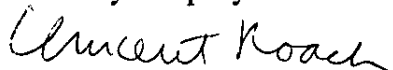
Date

Daytime Phone #

To the Florida State Secretary of State

Sir:

My company is very small and I cannot afford to pay the reinstatement fee. I never received any notices about annual reports and assumed my registered agent was submitting them. I just became aware that they expected me to do that and in any event I did not receive notices. My check for three years of annual report fees is enclosed, but if you still require the reinstatement penalty fee of \$750, please just return my \$450 check and leave my company inactive. Thank you.



Vincent Roach

Sole shareholder and President of Business Intelligence, Inc.