

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P08000011354

1. Corporation Name:

BSA construction company

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

1801 Peachtree St

Suite, Apt. #, etc.

suite 300

City & State

Atlanta GA

Zip

30309

Country

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

CF2E031 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

01/31/2008

5. FEI Number

20-8168779

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Christopher Connelly

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

401 East Oak Ave

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33602

500410053025
06/05/23--01004--043 ***1350.00

800410057478
06/06/23--01001--005 ***1350.00

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

REGISTERED AGENT MUST SIGN

Date 6/5/23

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
<u>P</u>	<u>Shaltiel Bachar</u>	<u>110 Foxbrush Circle</u>	<u>Alpharetta GA 30022</u>

10. E-mail Address: tlco@bsaconstructioninc.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/2023

Date

404 409 5006

Daytime Phone #