PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 1997 HOV TO PM 4: 10 P93000087559 DOCUMENT # SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name BUSINESS INTERNATIONAL SERVICES, INC. Principal Place of Business Malling Address 1320 S DIXIE HWY 1320 S DIXIE HWY SUITE 200 SUITE 280 **CORAL GABLES FL 33146** CORAL GABLES FL 33146 LIS If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 12/17/1993 Sulte, Apt. #, etc. Sulte, Apt. #, etc. 5. FEI Number Applied For 65-0458244 City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Zip Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Title(s) City / State / Zip Officer and/or Director (Do NOT Use Post Office Box Numbers) SCHELE, SVEN D 1320 S DIXIE HWY SUITE 280 **CORAL GABLES FL** 300002346513---8 ****750.00 ****750.00 REINSTATEMENT 506 11-10-97 B. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name ASCHELE, SVEN Street Address (P.O. Box Number is Not Acceptable) 1320 S DIXIE HWY **SUITE 280** Sulte, Apt. #, Etc. **CORAL GABLES FL 33146** City State Zip Code 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Intangible Personal Property tax due June 30. 12. 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 filling 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 under section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

10-4-97 305-6667747