PLEASE READ	ALL INSTRUCTIONS	BEFORE C	OMPLETI	NG THIS FORM	
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMEI Sandra B. Moi Secretary of S	NT OF STATE rtham State		The state of the s	D
DOCUMENT # P94000019368			98 AUG 28 PM 12: 00		
BBS&G Systems Integration, Inc.			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business Mailing Address					
2187 Logan St. Clearwater, Fl 33761			REINS	TATEMENT	95.98
If above addresses are incorrect in any way, line through incorrect information and enter correct. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable		Applicable	4. Date Incorporated or Qualified		
2187 Logan St. P.O. BOX 21183 Suite, Apt. #, etc. Suite, Apt. #, etc.		.83	To Do Business in Florida 03-09-94 5. FEI Number		
City & State	City & State			Applied For Not Applicable	
Clearwater,F1 Zip Country 33761 Pinellas	Tampa, Florida Zip 33622-1183	y USA	6. CERTIFICATE		Additional Fee required a Certificate of Status
Names and Street Addresses of Each Officer and Name of Officers	or Director (Florida nonprofit corpora		et 3 directors)		
Title(s) and/or Directors Officer and/or Direct 2 3 (Do NOT Use Post Office Box			umbers)	City / State	e / Zıp
P Richard E. Booher 2187 Logan St				Clearwater,	F1 33761
V Mats Bergkvist 2187 Logan St.			Clearwater, Fl 33761		
			000026304303 -09/01/9801068007 ***1208.75 ***1208.75		
		7			
8. Name and Address of Current	Registered Agent	Name	9. Name and Address of New Registered Agent chard E. Booh∈r		
100 South Ashley Drive			idress (P.O. Box Number is Not Acceptable) 2187 Logan St. 1. #, Etc.		
Tampa, F1 33601-2311 USA City			Clearwater State Zip Code FL 3376±		
10. I, being appointed the registered agent in the abo	ve named corporation, am familiar wit	th and accept the obli	igations of Section	n 607.0505, F.S.	
Signatural of Registered Agent	GISTERED AGENT MÜST SIGN		,	Date 8/19/9/	,
 This corporation owes or ha Intangible Personal Propert 	as paid the current yea y tax due June 30.	ar Yes 🗖	No 🖳	(See other side to on intangil	
12. I certify that I am an officer or director or the receithis reinstatement application, the reason for dissolved by the corporation have been paid and the ron this application is true and accurate, and my significant	lution has been eliminated, the corpor names of individuals tisted on this form	rate name satisfies th n do not qualify for an	ie requirements on exemption unde	of section 607,0401 or 617,0401	1. F.S., that attitees
SIGNATURE: SIGNATURE AND TYPED OR PRI	NTED NAME OF SIGNING OFFICER OR D	PARECTOR	8/1		/U/~891/