PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 FEB -8 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000094662

1. Corporation Name

Building Service Management, Inc.

REINSTATEMENT 98 990 2/8/99

Principal Place of Business	Mailing Address
2203 N. Lois Avenue Suite 700 Tampa FL 33607	

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
7181 College Parkway	7181 College Parkway
Suite, Apt. #, etc.: Suite 36	Suite, Apt. #, etc.: Suite 36
City & State: Fort Myers, Florida	City & State: Fort Myers, Florida
Zip: 33907 Country:	Zip: 33907 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 9/07/95

5. FEI Number: 59-3339305 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/S/T	Patricia Evo	9320 Morring Circle	Fort Myers, FL 33912
			000027765958--9 -02/16/99--01051--008 ****150.00 ****150.00
			000027765958--9 -02/16/99--01051--007 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

Sam Lazarra
2203 N. Lois Avenue, Suite 700
Tampa, Florida 33607

9. Name and Address of New Registered Agent

Name: Steven A. Ramunni
Street Address (P.O. Box Number is Not Acceptable): 150 South Main Street
Suite, Apt. #, Etc:
City: LaBelle State: FL Zip Code: 33935

CR2E040 (1/98)

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 Date 1/21/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

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 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 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: _____ 1/21/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #