

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

For-Profit Corporation  
Uniform Business Report

02 MAR -1 AM 9:21

DOCUMENT # P97000001524

1. Corporation Name

BSC CONSULTING, INC.

2. Principal Office Address

4548 N. Federal Highway

Suite, Apt. #, etc.

3. Mailing Office Address

4548 N. Federal Highway

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33308

Country

City & State

Ft. Lauderdale, FL

Zip

33308

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/07/1997

5. FEI Number

65-0722713

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

Larry V. Bishins

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

4548 No. Federal Highway

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33308

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

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
PVTSD	Richard Schatz	5 bis rue Emile Allez	75017 Paris France

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 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:

Richard Schatz Richard Schatz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 24, 2007 561 458 5421

Date

Daytime Phone #