

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000093245

1. Corporation Name

BUSINESS DOCUMENT SOLUTIONS, INC.

Principal Place of Business

3505 FRONTAGE RD STE 100
TAMPA FL 33607

Mailing Address

3505 FRONTAGE RD STE 100
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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/29/1997

5. FEI Number

59-3472316

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 3	City / State / Zip 4
D	AYLES, PAUL R	3505 FRONTAGE RD STE 100	TAMPA FL 33607

7000008627827
10/28/02--01098--001 **150.00

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8. Name and Address of Current Registered Agent

AYLES, PAUL R
3505 FRONTAGE RD STE 100
TAMPA FL 33607

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/25/02

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., 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL R. AYLES

Date

Daytime Phone #

10/25/02

813-281-2868



**Xerox
Premier Plus
Authorized
Sales Agent**

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Business Document Solutions, Inc.

3505 Frontage Road, Suite 100

Tampa, FL 33607

(813) 281-2868 Fax (813) 281-2464

October 25, 2002

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

Please find enclosed, Application for Reinstatement, document #P97000093245. I would also ask that the reinstatement fee be waived for we did not receive the two prior uniform business report (UBR) notices.

If you have any questions, please do not hesitate to contact me at the above telephone number.

Sincerely,

A handwritten signature in black ink, appearing to read 'P. Ayles'.

Paul R. Ayles
President

THE DOCUMENT COMPANY
XEROX