PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APRILICATION FLORIDA DEP IT OF STATE Called in Clarific Agreement Community of the Commun						104			
REINSTATEMENT DIVISION OF ORATIONS						FILED			
DOCUMENT # P99000091219 1. Corporation Name					01 OCT 29 PM 3: 16				
BUSINESS IMPROVEMENT SOLUTIONS, INC.					SEGRETARY OF STATE TAULAHASSEET FLORIDA				
Principal Place of Business Mailing Add			ress						
6265 BERTRAM DRIVE MELBOURNE FL 2236 16 X		POST OFFICE BOX 411182 MELBOURNE FL 32941							
	ddresses are incorrect in any way, line thr ncipal Office Address, If Applicable	nformation and enter correction below. ng Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 10/15/1999					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. FEI Number Applied For			
City & State		City & State			59-3607552 Not Applicable				
Zip 32955 Country Zip		Zip	Country		CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status				
7. Names a	and Street Addresses of Each Officer and	or Director (Flori							
Title(s)	e(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip				
D	PANKEY, DON F		6265 BERTRAM DRIVE			MELBOURNE FL 32	NE FL 32941X 32955		
			~		300046700537 -11/07/01-01007-005 ****150.00 ****150.00			7 0	
	8. Name and Address of Current	Registered Agei	nt	Name	9. Name and A	ddress of New Registe	ered Agent		
WEBBER, DALE S					P.O. Box Number is Not Acceptable)				
401 E. JACKSON STREET				Street Address (P.O. Box Number is Not Acceptable)					
SUITE TAMPA	2500 A FL 33602	Suite, Apt. #, Etc. City State Zip Code			State Zip Code				
10. I, being	appointed the registered agent of the abo	ve named corpor	ration, am familiar wit	th and accept the ob	oligations of Secti	on 607.0505, F.S.			
Registered /	Agent 70000	GISTERED AGE	ENT MUST SIGN	(1) II II E E E E E E E E		Date	26/01	-	
this rein: owed by	that I am an officer or director or the receistatement application, the reason for dissort the corporation have been paid and the application is true and accurate, and my signature.	blution has been en ames of individu gnature shall have	eliminated, the corpo uals listed on this form the the same legal effe	rate name satisfies in do not qualify for a	the requirements an exemption und	of section 607.0401 or 6	617.0401, F.S., that all fees		
SIGNAT	Don F Dank	ey Dire	ctor "	1774 (ह इ. १) इ. १ (इ.)	09,	/23/01 321	-631-2260		

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Dale S. Webber 813-222-8187 webberds@bipc.com

October 26, 2001

VIA HAND DELIVERY

Department of State **Division of Corporations** 409 E. Gaines Street Tallahassee, FL 32399

> Re: **Business Improvement Solutions, Inc.**

Dear Sir or Madam:

This letter is in reference to the above-referenced Florida corporation and the enclosed Application for Reinstatement.

Please be advised that Business Improvement Solutions, Inc. never received its 2001 Annual Report (or the 2nd notice) from the Florida Department of State and, therefore, never responded to any request that may have been sent.

Be assured that now that the corporation is aware of the need to file, this oversight will not happen in future years. By this letter, I am requesting that the reinstatement fee of \$600.00 be waived. Enclosed is a check in the amount of \$150.00 to cover the annual report and corporate supplemental fees.

. Please confirm that next year's annual report will be sent the corporation's principal place of business at the following address:

> 6265 Bertram Drive Melbourne, FL 32955

Thank you for your assistance.

Very truly yours,

DSW/kih **Enclosures**

PHILADELPHIA PITISBURGH PRINCEION

LONDON

Міамі

BUFFALO NEW YORK CITY

HARRISBURG TAMPA

WASHINGTON, DC