

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 JUL -5 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06222006 REIN-P CR2E098 (11/05)

<b>DOCUMENT # V17832</b> 1. Entity Name <b>BSJ SERVICES INC.</b>					
Principal Place of Business <b>1624 WOOD VIOLET DR. ORLANDO, FL 32824 US</b>			Mailing Address <b>P.O. BOX 430321 KISSIMMEE, FL 34743 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-3147942</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>LITTLER, BARRY 1624 WOOD VIOLET DR. ORLANDO, FL 32824</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>B. Littler BARRY LITTLER (CO. Pres.)</u> <span style="float: right;">6-27-06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITTLER, BARRY <del>1624 WOOD VIOLET DR.</del> <del>ORLANDO, FL</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11050 ARROWTREE BLVD. CLERMONT, FL 34715</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITTLER, SANDRA <del>1624 WOOD VIOLET DR.</del> <del>ORLANDO, FL</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11050 ARROWTREE BLVD. CLERMONT, FL 34715</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 2em; opacity: 0.5;">       B 6/27/06 REINSTATEMENT     </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500077403085</b> <b>07/12/06--01065--020 **300.00</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>B. Littler BARRY LITTLER</u>			Date <u>6-27-06</u> Daytime Phone # <u>(352) 242-5298</u>		