


2005 FOR PROFIT CORPORATION REINSTATEMENT


FILED
 05 NOV 15 PM 4:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P03000109637 1. Entity Name BOSS PLAYER, INCORPORATED	
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Principal Place of Business 18825 NW 31ST AVE. MIAMI, FL 33056	Mailing Address 18825 NW 31ST AVE. MIAMI, FL 33056
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip	4. FEI Number 65-0860879
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 10122005 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent GROSS, RICHARD W ESQ. 39 EAST 6TH ST. HIALEAH, FL 33010		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE	PVST <input type="checkbox"/> Delete ORELUS, JOANEL JR. 18825 NW 31ST AVVE MIAMI, FL 33056
NAME	D <input type="checkbox"/> Delete ORELUS, JOANEL JR. 18825 NW 31ST AVE OPA LOCKA, FL 33056
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

REINSTATEMENT

05

Roberts NOV 15 2005

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11/16/05--01050--006 **150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Joanel Orelus 10-18-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date