

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000044922

1. Corporation Name
BOUCHER BROTHERS INC.

FILED
97 JUN 24 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
3448 NE 210TH TERRACE AVENTURA FL 33180
3448 NE 210TH TERRACE AVENTURA FL 33180



REINSTATEMENT 96-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3448 NE 210 Terrace		3. New Mailing Office Address, If Applicable 3448 N.E. 210 Terrace		4. Date Incorporated or Qualified To Do Business in Florida 06/01/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0589684	
City & State Aventura, FL		City & State Aventura, FL		Applied For Not Applicable	
Zip 32180		Country USA.		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P President	BOUCHER, JAMES	3448 NE 210TH TERRACE	AVENTURA FL 33180
Vice President	Michael Boucher	1820 NE 197 Terrace North Miami Beach FL	North Miami Beach, FL 33179
M	Stam Boucher	900 Euclid Ave #6	Miami Beach, FL 33139
M	Pony Boucher	10000 Bay Harbor Terrace #402	Bay Harbor Island, FL 33154
Secretary	Laurie Dupas	13220 SW 83rd	Miami, FL 33156
Treasurer	Mike Karl	13220 SW 83rd	Miami, FL 33156

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOUCHER, JAMES
3448 NE 210TH TERRACE
AVENTURA FL 33180

Name: James Rocco Boucher
Street Address (P.O. Box Number is Not Acceptable): 3448 N.E. 210 Terrace
Suite, Apt. #, Etc.:
City: Aventura, State: FL, Zip Code: 33180

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.

Signature of Registered Agent: [Signature] Date: 5/27/97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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] JAMES ROCCO BOUCHER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20000223972-5
-06/26/97--01077-007
***315.00 ***315.00
5/27/97 305-933-3776
Date Daytime Phone #

CR2E040 (7/96)