

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
96-97 AIC
REINSTATEMENT



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

APPROVED
AND
FILED

97 APR 15 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000075688

1. Corporation Name

BOSS REPORTING, COMPANY, INCORPORATED

Principal Place of Business

Mailing Address

1116 N.W. 107TH TERRACE
PLANTATION FL 33322

1116 N.W. 107TH TERRACE
PLANTATION FL 33322



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/28/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0621692

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PVST	KADOSH, DONNA M	1116 NW 107TH TERRACE	PLANTATION FL 33322
			000002154180--0 -04/24/97--01111--016 ***365.00 ***365.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KADOSH, DONNA M
1116 N.W. 107TH TERRACE
PLANTATION FL 33322

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Donna M. Kadosh
REGISTERED AGENT MUST SIGN

Date

03/31/97
3-31-97

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:

Donna M. Kadosh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ross **Reporting Co., Inc.**

March 31, 1997

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Attention: Sean Turner

Dear Mr. Turner,

Please find enclosed a check in the amount of \$365.00 per our telephone conversation on Friday. This check is for 1996 and 1997 for filing the corporation.

Per our discussion the reinstatement fee has been waived due to the negligence of my previous bookkeeper. As I mentioned to you, I was under the impression that my previous bookkeeper had taken care of all of my company's corporate filings. However, after she left I went through all of her files and found out that this was never paid.

I appreciate your cooperation. If you have any questions, please don't hesitate to contact me.

Sincerely,

BOSS REPORTING CO., INC.



DONNA M. KADOSH
PRESIDENT

DMK/lp