

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JAN 12 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000095190

1. Corporation Name

BOSS REALTY, INC.

Principal Place of Business

Mailing Address

5820 WILES ROAD
CORAL SPRINGS, FL 33067

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

2. New Principal Office Address, If Applicable

5820 WILES ROAD

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

SAME

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

Zip

33067

County

BROWARD

Zip

Country

REINSTATEMENT

99

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0967407

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P, D	URI KADOSH	5820 WILES ROAD	CORAL SPRINGS, FL 33067
D	RAFI RUBINEZ	5820 WILES ROAD	CORAL SPRINGS, FL 33067

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*****750.00 *****750.00

8. Name and Address of Current Registered Agent

PHILIP M. BERMAN
2424 NE 22nd STREET
POMPANO BEACH, FL 33062

9. Name and Address of New Registered Agent

Name

URI KADOSH

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

5820 WILES ROAD

Suite, Apt. #, Etc.

City

CORAL SPRINGS,

State

FL

Zip Code

33067

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]

REGISTERED AGENT MUST SIGN

Date 1/10/2000

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

URI KADOSH

1/10/2000

Date

Daytime Phone #

KE

CR2100 (12/98)