

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT -6 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

V 13576

1. Corporation Name

Boss Development Corp.

2. Principal Office Address

1111 Kane Concourse

Suite, Apt. #, etc.

610

City & State

Bay Harbor

Zip

33154

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 96-03

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

65-0316047

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BERNARDO COIFFMAN

900023669969

10/09/03--01065---013 **1202 75

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

1111 Kane Concourse # 610

Suite, Apt. #, Etc.

610

City

Bay Harbor

State

FL

Zip Code

33154

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date Oct. 1, 2003

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pre	Bernardo Coiffman	4259 Nautilus Dr.	Miami Beach, FL 33154
U.P./S	Sarita Coiffman	4259 Nautilus Dr.	Miami Beach, FL 33154

10. 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

Oct. 1, 2003 (305) 868-5772

Date

Daytime Phone #

CR2E081 (9/01)