

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.

REINSTATEMENT 99

2. New Principal Office Address, If Applicable 5820 WILES ROAD Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable SAME Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida	
City & State CORAL SPRINGS, FL		City & State		5. FEI Number 65-0967407	
Zip 33067	County BROWARD	Zip	Country	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
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 Date **1/10/2000**
REGISTERED AGENT MUST SIGN

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: **1/10/2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
URI KADOSH

KE

CR21001 (12/98)