

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 OCT 29 AM 10: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 165169 1. Entity Name BOSTON PROPER, INC.	
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Principal Place of Business 6500 PARK OF COMMERCE BLVD NW BOCA RATON, FL 33487 US	Mailing Address 6500 PARK OF COMMERCE BLVD NW BOCA RATON, FL 33487 US
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2. Principal Place of Business Suite, Apt. #, etc. <i>ATT EEN FISCHER</i>	3. Mailing Address Suite, Apt. #, etc. <i>ATT KEN FISCHER</i>
City & State	City & State

10262004	REIN-P	CR2E098 (6/04)
4. FEI Number 59-0652291		Applied For <input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KNIGHT, JR, NEAL W 321 ROYAL POINCIANA PLAZA PALM BEACH, FL 33480 -0431	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Neal W. Knight* (NOTE: Registered Agent signature required when reinstating) DATE: *11/28/04*

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	S KNIGHT, NEAL JR	TITLE	S KNIGHT, NEAL JR
NAME	KNIGHT, NEAL JR	NAME	KNIGHT, NEAL JR
STREET ADDRESS	321 ROYAL POINCIANA PL	STREET ADDRESS	321 ROYAL POINCIANA PLAZA, S.
CITY-ST-ZIP	PALM BEACH, FL 00000,	CITY-ST-ZIP	PALM BEACH, FL 33480-0431
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	COB TIERNAN, MICHAEL W	TITLE	500042322085
NAME	TIERNAN, MICHAEL W	NAME	10/29/04--01087--001 **150.00
STREET ADDRESS	6500 PARK OF COMMERCE BLVD NW	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V FISCHER, KENNETH C	TITLE	
NAME	FISCHER, KENNETH C	NAME	
STREET ADDRESS	6500 PARK OF COMMERCE BLVD	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33487	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Neal W. Knight* DATE: *10/26/04* DAYTIME PHONE #: *561-241-1700*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR