

APPLICATION FOR REINSTATEMENT



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

FILED

98 MAR -5 AM 8:22

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **361407**

1. Corporation Name
LAURENT BOIVIN INC

Principal Place of Business Mailing Address
**2901 N. OCEAN DRIVE
 HOLLYWOOD FLORIDA 33019**

REINSTATEMENT 72-98

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 Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida 06-11-70	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1296676	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	A. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> B. ADDRESS FOR MAILING PURPOSES AND 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	LAURENT BOIVIN	2901 N. OCEAN DRIVE	HOLLYWOOD	FL 33019
VP D	PIERRETTE BOIVIN	2901 N. OCEAN DRIVE	HOLLYWOOD	FL 33019

400002452934-5
 -03/10/98--01088--015
 ***2075.00 ***2875.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name LAURENT BOIVIN Street Address (P.O. Box Number is Not Acceptable) 2901 N. OCEAN DRIVE Suite, Apt. #, Etc. City HOLLYWOOD State - Zip Code FL 33019	

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: *Laurent Boivin*
 REGISTERED AGENT MUST SIGN
 Date: **3/10/98**
400002452934-5
03/10/98--01088--016
*******8.75 *****8.75**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I do hereby 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 this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 and that all fees owed by the corporation have been paid. 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: *Laurent Boivin*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **3/4/98**