

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 NOV -5 PM 3:07

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F04000003011

1. Corporation Name

BOSTON REALTY CORP.

300112385623  
11/16/07--01049--014 \*\*1058.75

2. Principal Office Address - No P.O. Box #  
166 CENTER STREET

3. Mailing Office Address  
643 EAST 182nd STREET

Suite, Apt. #, etc.  
SUITE 210

Suite, Apt. #, etc.

City & State  
CAPE CANAVERAL, FL

City & State  
BRONX, NY

Zip  
32920-3743

Country  
U.S.A.

Zip  
10457

Country  
U.S.A.

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida  
05/28/2004

5. FEI Number  
13-4048928

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  
JIM MORRIS

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

Suite, Apt. #, Etc.  
SUITE 210

City  
CAPE CANAVERAL

State  
FL

Zip Code  
32920-3743

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date  
11/01/2007

REGISTERED AGENT MUST SIGN

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
P	MR. IDRIZ (ANDRE) MUSOVIC	643 EAST 182nd STREET	BRONX, NY 10457

REINSTATEMENT 07  
B 11/7/07

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 contained in Chapter 119, 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:

MR. IDRIZ (ANDRE) MUSOVIC

11/01/2007

718. 365. 1234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #