

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG -4 PM 3:00

DOCUMENT # F97000004036

1. Corporation Name

Boss Industrial Construction, Inc

REINSTATEMENT 98-05

200058245922
08/04/05--01021--004 **1800.00

2. Principal Office Address

6854 Old Springville Rd

3. Mailing Office Address

P.O. Box 38

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pinson AL

City & State

Clay AL

Zip

35126

Country

USA

Zip

35048

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

8-1-1997

5. FEI Number

63-1072781

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Signature of
Registered Agent

Jennifer E. Aulman
Assistant Secretary

Date 7/21/05

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.	James D. Bradley	6854 Old Springville Rd	Pinson, AL 35126

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-18-05 205-680-0028

CR2E081 (01/05)