


### 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

08 NOV 26 PM 1:52

<b>DOCUMENT # L07000100233</b>					
1. Entry Name <b>F&amp;S BOSTON ENTERPRISES, LLC</b>					
Principal Place of Business <b>19001A FALCONS PLACE TAMPA, FL 33647</b>			Mailing Address <b>19001A FALCONS PLACE TAMPA, FL 33647</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Sure, Apt. #, etc.			Sure, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. HEI Number <b>20-4077770</b>			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>BOSTON, SHARLATEAN 19001A FALCONS PLACE TAMPA, FL 33647</b>			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			FL	Zip Code	
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					
Signature, typed or printed name of registered agent and title if applicable.		Signature of Registered Agent (signature required when reinstating)		DATE	
FILE NOW!! FEE IS \$235.75 After January 1, 2009, Fee will be \$377.50			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOSTON, FORREST		NAME		
STREET ADDRESS	19001A FALCONS PLACE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOSTON, SHARLATEAN		NAME		
STREET ADDRESS	19001A FALCONS PLACE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOSTON, KNATASHA		NAME		
STREET ADDRESS	2215 MADAGA LANE #207		STREET ADDRESS		
CITY-ST-ZIP	LAND O LAKES, FL 34639		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.					
SIGNATURE: <i>Forrest Boston</i>			11-13-08		
SIGNATURE AND TITLE OR PRINTED NAME OF MEMBER, MANAGER, SHAREHOLDER, OR AUTHORIZED REPRESENTATIVE					



11132008 REIN-LLC CR2E101 (1/07)

4. HEI Number  
**20-4077770**

5. Certificate of Status Desired  \$5.00 Additional Fee Required

**REINSTATEMENT 2008**

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