

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # L37684 1. Entity Name BOILY & SON, INC.				FILED 05 OCT 13 PM 1:08 SECRETARY OF STATE PALM BEACH, FL 33401	
Principal Place of Business 3715 NW 89TH TERR COOPER CITY, FL 33328		Mailing Address 3715 NW 89TH TERR COOPER CITY, FL 33328			
2. Principal Place of Business 12439 ARBOR VIEW DR.		3. Mailing Address 12439 ARBOR VIEW DR.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		10052005 REIN-P CR2E098 (6/04)	
City & State FT MYERS, FLA		City & State FLA- FT MYERS		4. FEI Number 65-0185445	
Zip 33908		Country LEE		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOILY, BOB 3715 NW 89TH TERR COOPER CITY, FL 33328				7. Name and Address of New Registered Agent Name BOB Boily Street Address (P.O. Box Number is Not Acceptable) 12439 ARBOR VIEW DR. City FT MYERS FL Zip Code 33908	
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  ROBERT (BOB) Boily 10/10/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BOILY, ROBERT 3715 NW 89 TERR COOPER CITY, FL 33328		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Boily, ROBERT ADDRESS ONLY 12439 ARBOR VIEW DR. FT MYERS, FLA. 33908	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200060581902 10/13/05--01054--010 **158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  Robert Boily <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			10/10/05 954-326-7060 <small>Date Daytime Phone #</small>		