

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 JAN 10 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L60868

1. Corporation Name
BOYLE CAPITAL HOLDINGS, INC.

Principal Place of Business
OLIVER J. WILLIAMS JR.
N.E. 73RD ST
FL 33138
Mailing Address
C/O OLIVER J. WILLIAMS JR.
513 N.E. 73RD ST
MIAMI FL 33138



REINSTATEMENT 7-00

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 Office Address, If Applicable
4. Date Incorporated or Qualified To Do Business in Florida 03/23/1990
5. FEI Number 65-0190371
6. CERTIFICATE OF STATUS DESIRED [X] \$8.75 Additional Fee required for a Certificate of Status

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: PD, WILLIAMS, OLIVER J.JR., 513 N.E. 73RD ST., MIAMI FL.

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8. Name and Address of Current Registered Agent
WILLIAMS OLIVER J. JR.
513 N.E. 73RD STREET
MIAMI FL 33138
9. Name and Address of New Registered Agent

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 [Signature]
Date 1/5/00

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes [X] No []

12. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1/5/00 Daytime Phone # 305-757-1662

CR2E040 (8/97)