

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *N01000000104*

1. Corporation Name

BOOMCHIX, INC

2. Principal Office Address - No P.O. Box #

503 CENTER STREET

Suite, Apt. #, etc.

#1

City & State

JUPITER, FL

Zip

33458

Country

USA

3. Mailing Office Address

P.O. Box 2731

Suite, Apt. #, etc.

City & State

JUPITER, FL

Zip

33468

Country

USA

100156316241
05/22/09--01010--026 ***245.00
CB2E081 (12/08)

REINSTATEMENT *06-09*

4. Date Incorporated or Qualified
To Do Business in Florida

2000, DEC 28

5. FEI Number

651077456

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

SUSAN SOURS

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

503 CENTER STREET

Suite, Apt. #, Etc.

#1

City

JUPITER

State

FL

Zip Code

33458

☒ 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

Susan A. Sours

Date

05/09/09

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 |
|-----------|--------------------------------------|---|--------------------------|
| <i>PD</i> | <i>SUSAN SOURS</i> | <i>503 CENTER STREET #1</i> | <i>JUPITER, FL 33458</i> |
| <i>SD</i> | <i>LUCILLE M. JOHNSON</i> | <i>" " " "</i> | <i>" " "</i> |
| <i>D</i> | <i>MICHAEL POMPONIO</i> | <i>8535 CHEVY CHASE DR</i> | <i>LA MESA, CA 91941</i> |
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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:

Susan A. Sours

SUSAN A. SOURS

05/09/09

954-610-1171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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