

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N10000008235

1. Corporation Name

Breaking Boundaries Inc
of America

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

15316 Markham Dr.

3. Mailing Office Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

Clermont, F

City & State

Zip

34714

Country

U.S.A

Zip

Country

7. Name and Address of Current Registered Agent

Name

Concepcion Borjas

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

15316 Markham Dr.

Suite, Apt. #, Etc

City

Clermont

State

FL

Zip Code

34714

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

X

REGISTERED AGENT MUST SIGN

Date X 9/14/2020

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	Concepcion Borjas	15316 Markham Dr	Clermont, FL 34714
V	Ilse Guevara	15316 Markham Dr	Clermont, FL 34714
T	Ivans Pineda	15316 Markham Dr	Clermont, FL 34714
S	Mary K Pettay	15316 Markham Dr	Clermont, FL 34714
D	Victor Pineda	15316 Markham Dr	Clermont, FL 34714
TR	Gustavo Borjas	12996 SW 218 Terr.	Miami, FL 33140

10. E-mail Address: Bonanza072000@hotmail.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/14/2020

Daytime Phone #

2020 09 14 7:13

300352504032
09/21/20--01031--022 **577.50

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09/21/20--01031--022

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

8/30/2010

5. FEI Number

27-3789750

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

2015-2020