

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
**02 UBR**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 NOV 20 AM 8:01

DOCUMENT # P00000022983

1. Corporation Name

BOSCO GROUP, INC.

Principal Place of Business

2670 NORTH FEDERAL HIGHWAY  
LIGHTHOUSE POINT FL 33064

Mailing Address

2670 NORTH FEDERAL HIGHWAY  
LIGHTHOUSE POINT FL 33064



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/28/2000

5. FEI Number

65-0987861

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	BOSCO, ELLEN	2670 NORTH FEDERAL HIGHWAY	LIGHTHOUSE POINT FL 33064

7000008679897

10/29/02--01130--010 \*\*150.00

8. Name and Address of Current Registered Agent

BOSCO, ELLEN  
2670 NORTH FEDERAL HIGHWAY  
LIGHTHOUSE POINT FL 33064

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

11-15-02

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., 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bosco Pres. 11-15-02 954 788-8108  
Date Daytime Phone #

CR2E040 (802)

DEAR Sir,

PLEASE NOTE THAT I AM SENDING A  
CHECK TO REPLACE THE ONE MAILED IN FEBRUARY

PLEASE APPLY TO ACCOUNT AS SOON AS POSSIBLE,

TRANSACTION REPORT

FOR: TIRAMISU#RESTAURANT

5613389692+++++++

RECEIVE

THANK YOU  
J. J. J. J. J.

DATE	START	SENDER	PAGES	TIME	NOTE
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OCT-24	12:17 PM	J. J. J. J. J.	1	57"	OK
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