PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 01 OCT 29

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 29 PM 1:47

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DOCUMENT # P00000085980

1. Corporation Name
Boston Business Group, Inc.

2. Principal Office Address	3. Mailing Office Address
122 oakview circle	122 oakview circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Mary Fl	City & State: Lake Mary Fl
Zip: 32746 Country: united States	Zip: 32746 Country: united states

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-3699833 ☐ 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: Matthew Carley
Street Address (P.O. Box Number is Not Acceptable): 122 Oakview circle
Suite, Apt. #, Etc.:
City: Lake Mary State: FL Zip Code: 32746

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: _____ REGISTERED AGENT MUST SIGN Date: 10/24/01

CR2E081 (9/00)

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
Pres.	Matthew Carley	1188 Brampton Cove	Heathrow, Fl 32746
Vice Pres.	Matthew Duffy	122 oakview circle	Lake Mary, Fl 32746

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 10/22/01
Daytime Phone #: 407 926 3453