

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR 10 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 00000109219

1. Corporation Name

Boose Homes, Inc

**REINSTATEMENT 0304**

2. Principal Office Address

4699 N. Federal Hwy

Suite, Apt. #, etc.

STE 108

City & State

Pompano Beach, FL

Zip 33064

Country

Browns

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

200028790602

02/16/04--01028--026 \*\*750.00

4. Date Incorporated or Qualified  
To Do Business in Florida

11/27/00

5. FEI Number

65-1057405

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Christopher Boose

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

4699 N. Federal Hwy

Suite, Apt. #, Etc.

#108

City

Pompano Beach

State

FL

Zip Code

33064

200028790602

03/09/04--01029--008 \*\*15.00

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

CT Boose

Date 1/30/04

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
<u>Pres</u>	<u>Chris Boose</u>	<u>4699 N. Federal Hwy #108</u>	<u>Pompano Beach, FL 33064</u>

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:

CT Boose

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/04

Date

Daytime Phone #

954-364-5402

CR2E081 (10/02)