

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P00000117126

1. Corporation Name

BOS ENGINEERING INC.

Principal Place of Business

1223 SW FOURTH ST. STE 207
MIAMI FL 33135-2407

Mailing Address

1223 SW FOURTH ST. STE 207
MIAMI FL 33135-2407

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

2. New Principal Office Address, if Applicable

7353 NW 8th Street

Suite, Apt. #, etc.

Suite C

City & State
Miami, FL

Zip Country

33126

3. New Mailing Office Address, if Applicable

7353 NW 8th Street

Suite, Apt. #, etc.

Suite C

City & State
Miami, FL

Zip Country

33126

4. Date Incorporated or Qualified
To Do Business in Florida

12/26/2000

5. FEI Number

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
D	PERNUS, FRANCISCO U	1223 SW FOURTH ST, STE 207	MIAMI FL 33135
D	VINDAS, MARIO FCO. R	1223 SW FOURTH ST, STE 207	MIAMI FL 33135

100004781081--6

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****150.00 ****150.00

8. Name and Address of Current Registered Agent

GOYTISOLO, AGUSTIN DE ESQ

1223 SW FOURTH ST, STE 207

MIAMI FL 33135-2407

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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

Date

Daytime Phone #

CR2E040 (8/01)

BOS Engineering Inc
7353 NW 8th Street, Unit C
Miami, Fl 33126

November 06,2001

Florida Department of State
Division of Corporations
Registration Section
PO Box 6327
Tallahassee, Florida 32314

Subject: BOS Partners Inc
Document Number: P00000117126

This letter is in response to a Certificate of Administrative Dissolution, stating that BOS Engineers Inc. has failed to file its 2001 corporation annual report. A waiver of the reinstatement fee is being requested due to the fact that the original report was never received and we were not aware of the deadline. Please be advised that the mailing address has changed. This information is included in the application that is being submitted along with a check for the original fee. If any further information is needed we can be reached at (305) 266-4242.

Thank You


Hector Hernandez