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From: 608-827-5501

To: Jason Bossmin

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Date: 12/17/2002 10:06:55 AM

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000018867

1. Corporation Name
Bossmin.com, Inc.2. Principal Office Address
1016 Balaye Vista Circle3. Mailing Office Address
1016 Balaye Vista CircleSuite, Apt. #, etc.
#301Suite, Apt. #, etc.
#301City & State
Tampa, FLCity & State
Tampa, FLZip
33619Country
HillsboroughZip
33619Country
Hillsborough4. Date Incorporated or Qualified
To Do Business in Florida 2/20/015. FEI Number
59-3700606Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Business Filings Incorporated

Street Address (P.O. Box Number is Not Acceptable)
1000 West Avenue

Suite, Apt. #, Etc.

Suite 1114

City Miami Beach

State
FLZip Code
33139

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of
Registered Agent:M. Schiff
MARK SCHIFF

Date 12/17/02

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
President	Jason Bossmin	1016 Balaye Vista Circle, #309	Tampa, Florida 33619
V.P.	Jason Bossmin	1016 Balaye Vista Circle, #309	Tampa, Florida 33619
Secretary	Jason Bossmin	1016 Balaye Vista Circle, #309	Tampa, Florida 33619
Treasurer	Jean Bossmin	1016 Balaye Vista Circle, #309	Tampa, Florida 33619
Director	Jason Bossmin	1016 Balaye Vista Circle, #309	Tampa, Florida 33619
Director	Jean Bossmin	1016 Balaye Vista Circle, #309	Tampa, Florida 33619

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)(b), 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

Jason Bossmin, President 12/17/02

Date

Daytime Phone #

813-843-6356