



2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000111062		
1. Entity Name BOSHOUWERS HOLDING, INC.		

Principal Place of Business 5925 SW 171 AVE MIRAMAR, FL 33027	Mailing Address 5925 SW 171 AVE MIRAMAR, FL 33027
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
05 OCT 20 PM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


REINSTATEMENT 2005
10/19/05 10:19:05 AM

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DE VETTEN, ADRIANA 5295 SW 171 AVE MIRAMAR, FL 33027		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Adriana De Vetten DATE: 10/19/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSHOUWERS, HARRY 5295 SW 171ST AVE MIRAMAR, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700060819577 10/20/05--01037--010 **150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Adriana De Vetten DATE: 10/19/05 DAYTIME PHONE #: 9544424093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR