## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  DOCUMENT # POZOC  1. Corporation Name  BOSLAND PAINT			FILED  2007 DEC 2 I PM 3: 3 I  DECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address - No P.O. Box #  732 BONNIE CR. Suite, Apt. #, etc.  MELBOURNE FL  City & State  MELBOURNE FL  Zip  Country  33901  USA	3. Mailing Office Address  932 BONNIE CIR. Suite, Apt. #, etc.  City & State  MELBOURNE FL  Zip  Country  32901 USA	4. Date Incorp To Do Busin 5. FEI Number	
Name  TAMIE R. BOSLAND  Street Address (P.O. Box Number is Not Acceptable)  432 BONNIE CIRCLE  Suite, Apt. #, Etc.  City  MELBOURNE  T. Name and Address of Current Registered Agent  Registered Agent  CIRCLE  State  Zip Code  FL 3290/		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
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			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director			City / State / Zip
PRES. JAMIE R. BOS.	LAND 732 BONNIE	CIR.	MELBOURNE, FL
		30 12/21/	D113336523 0701009025 **450.00
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 contained in Chapter 119, 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: Damie & Boland 12/17/2007 (321) 4032646 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Dayline Phone #			

December 17, 2007

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Bosland Painting Inc. Corporate renewals

Please reinstate Bosland Painting Inc as a Florida Corporation. I have not received any prior notices for renewal. Please note that the zip code of record, 39201, is incorrect. The correct zip code is 32901. This may be the reason for not receiving the prior notices.

Thank you in advance for your understanding and prompt attention regarding this matter.

Sincerely,

Jamie Bosland