


2005 FOR PROFIT CORPORATION -REINSTATEMENT

DOCUMENT # P02000131736 1. Entity Name BOS, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 JAN 24 AM 11:43	
Principal Place of Business 9762 INDIANKEY TRAIL SEMINOLE, FL 33776				Mailing Address 9762 INDIANKEY TRAIL SEMINOLE, FL 33776			
2. Principal Place of Business 2352 TALLYHO LN.				3. Mailing Address 2352 TALLYHO LN			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State Palm HARBOR, FL				City & State Palm HARBOR, FL			
Zip 34683		Country US		Zip 34683		Country US	
4. FEI Number 01-0684232				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KOST, JAMES W JR 9762 INDIANKEY TRAIL SEMINOLE, FL 33776				7. Name and Address of New Registered Agent Name CARL T. WATKINS CPA Street Address (P.O. Box Number is Not Acceptable) 5103 MEMORIAL Highway City TAMPA FL Zip Code 33634			
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 <u><i>Carl T. Watkins</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>1/17/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE D <input type="checkbox"/> Delete NAME KOST, JAMES W JR STREET ADDRESS 9762 INDIANKEY TRAIL CITY-ST-ZIP SEMINOLE, FL 33776				TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME KOST, JAMES W. JR. STREET ADDRESS 2352 TALLYHO LN CITY-ST-ZIP Palm HARBOR, FL 34683			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>1/17/05</u> <small>Daytime Phone #</small>			