

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 JUN 26 AM 8:17

DOCUMENT # P03000092235

1. Corporation Name

BOISVERT, INCORPORATED

2. Principal Office Address

2508 COURTLAND BLVD  
Suite, Apt. #, etc.

3. Mailing Office Address

2508 COURTLAND BLVD  
Suite, Apt. #, etc.

City & State

DELTONA, FL

City & State

DELTONA, FL

Zip

32738

Country

VOLUSIA

Zip

32738

Country

VOLUSIA

4. Date Incorporated or Qualified  
To Do Business in Florida

8/19/2003

5. FEI Number

59-3299981

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KENNETH A. BOISVERT

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

2508 COURTLAND BLVD.

Suite, Apt. #, Etc.

City

DELTONA

State

FL

Zip Code

32738

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

*Kenneth A. Boisvert*  
REGISTERED AGENT MUST SIGN

Date 6-23-06

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
V.P.	STEPHEN BOISVERT	419 E NEW YORK AVE	LAKE HELEN, FL 32744
SEC	CHRISTINA BOISVERT	2508 COURTLAND BLVD	DELTONA, FL 32738

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:

*Kenneth A. Boisvert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-23-06 386-789-8216  
Date Daytime Phone #

B Mitchell JUN 28 2006

**Boisvert, Incorporated**

2508 Courtland Blvd  
Deltona, Florida 32738  
Volusia

DOCUMENT # P03000092235

Phone 386-789-8216

June 23, 2006

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

I respectfully ask that the reinstatement fee of \$600.00 be waived as I have no record of receiving any notice of Dissolution/revocation in 2004 when my business was apparently put on inactive status. I do enclose the \$458.75 fee for that and subsequent years and an \$8.75 fee for a certificate of status. I respectfully ask that this will return my business back to active status so that I can resume business in the State of Florida. Thank you in advance for your kind assistance.

Sincerely,



Kenneth A. Boisvert  
President