

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 SEP-13 PM 2:53
DIVISION OF STATE
VISION OF CORPORATION

DOCUMENT # P03000094059

1. Corporation Name

BOSAR INTERNATIONAL GROUP, INC.

358 SPLENADE
358 SPLENADE

2. Principal Office Address

358 SPLENADE

3. Mailing Office Address

358 SPLENADE

Suite, Apt. #, etc.

56

Suite, Apt. #, etc.

56

City & State

BOCA RATON, FLORIDA

City & State

BOCA RATON, FLORIDA

Zip

33432

Country

USA

Zip

33432

Country

4. Date Incorporated or Qualified

To Do Business in Florida 08/27/2003

5. FEI Number

APPLIED FOR

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

HERNAN SARMIENTO

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

358 SPLENADE

Suite, Apt. #, Etc.

56

City

BOCA RATON

State

FL

Zip Code

33432

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

Hernan Sarmiento
REGISTERED AGENT MUST SIGN

Date 09/07/2004

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
PDT	HERNAN SARMIENTO	358 SPLENADE, # 56	BOCA RATON, FL 33432
VD	JOSE P. BOHORQUEZ	358 SPLENADE, # 56	BOCA RATON, FL 33432
S	HECTOR SARMIENTO	358 SPLENADE, # 56	BOCA RATON, FL 33432

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)(i), 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:

Hernan Sarmiento
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/07/2004

Date

561-394-9065

Daytime Phone #

CR2E081 (01/04)

292

Miami, September 7th, 2004

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

Re: **BOSAR INTERNATIONAL GROUP, INC.**
Doc Number P03000094059

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2004 Uniform Business Report. We think it was sent to a different location.

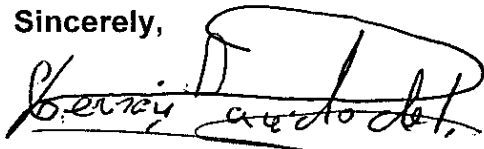
We are enclosing a check for \$150 to cover the following fees:

2004 Uniform Business Report

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 2002.

Your consideration will be greatly appreciated.

Sincerely,



Hernan Sarmiento
President
358 Splenade # 56
Boca Raton, FL 33432