

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL
AND
FILED

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 FEB 20 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000107091

1. Corporation Name

BOSCH ENTERPRISES INC

600067378496
03/08/06--01008--012 **1050.00

2. Principal Office Address

3066 NW 18 TR

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami

City & State

Zip

Country

33125

DADE

Zip

Country

REINSTATEMENT

05-06

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/30/2003

5. FEI Number

04-3776315

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

Nestor Bosch

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

3066 NW 18 TERRACE

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33125

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/30/2006

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
DP	Nestor Bosch	3066 NW 18 TR	Miami FL 33125
VP	LIONEL FERRO	3066 NW 18 TR	Miami FL 33125
DTS	Nidia DOMINGUEZ	3066 NW 18 TR	Miami FL 33125

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

1/30/2006 (305) 505-8860

Daytime Phone #

K. Eckel FEB 20 2006

BOSCH ENTERPRISES INC.
3066 NW 18 TERRACE
MIAMI, FL 33125

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Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporation, I am attaching a check, in the amount of \$300.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years, 2005, 2006 or any other notice from the Division of Corporations in respect with the Corporation BOSCH ENTERPRISES, INC.

Thank you for your courtesy in this matter.



NESTOR BOSCH