PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION FLOR	RIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 09 OCT 26 AM II: 33	
DOCUMENT # P03000/36538 1. Corporation Name Bosag Corp (nC		SECRETARY OF STATE TALLAHASSEE, FLORID:	
722/ Grandvica Bus Suite, Apt. 4, etc. Suite,	ailing Office Address Apt. #, etc.	CR2E081 (12/07)	
MIRAMAR		Date Incorporated or Qualified To Do Business in Florida	
MIRAMAR FL. 3	3023	5. FEI Number Applied For Not Applicable	
22022 Record Zip	Country US A	G. CERTIFICATE OF STATUS DESIRED (\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name COLIDS AKANDI Street Address (P.O. Box Number is Not Acceptable) 722 Pronductus Bluc Suite, Apt. #. Etc. MIRAMAR City MIRAMAR State Zip Code FL 33023		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 name Signature of Registered Agent REGISTER	bligations of section 607.0505 or 617.0503, F.S. Date		
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		
DU AKANBI, COllis	7221 Grandvi	EN Blad MIRAMAR FL. 33023	
	300160079	1543	
	12010 PO-86-80	7 006 \$ 300.00	
	12-03-07 0105		
		m.10/27	
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

Page 293 Collis Akanbi 7221 Granview Blv J Muramar, PL. 33023 Dom Sending a form for Reinstakement I my Corporation, due to to Confusion, Sièce 12/04/07. Dam Sending with this letter a letter to that Heet After discussors this on fle plone with one of the officials, Dam Sendans a theek of \$300, plue te 850 Cheek Still in juri

ny Corperation. Page 383 Thanks. for your