

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 26 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000136538
1. Corporation Name
Bosq Corp Inc

2. Principal Office Address - No P.O. Box #
7221 Grandview Blvd
Suite, Apt. #, etc.
MIRAMAR
City & State
MIRAMAR FL
Zip
33023 Country
Broward

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
33023
Zip
USA

CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida
5. FEI Number
EIN 87-0714284 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
Collins Akanbi
Street Address (P.O. Box Number is Not Acceptable)
7221 Grandview Blvd
Suite, Apt. #, Etc.
MIRAMAR
City
MIRAMAR State
FL Zip Code
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 named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.
Signature of Registered Agent [Signature] Date 10/2/09
REGISTERED AGENT MUST SIGN

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
	<u>DR AKANBI, COLLINS</u>	<u>7221 Grandview Blvd</u>	<u>MIRAMAR, FL 33023</u>
		<u>300160079543</u>	
		<u>08-28-09 01047 006 \$ 300.00</u>	
		<u>12-03-07 01055 006 \$ 150.00</u>	
			<u>10/27</u>

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] Date 10/2/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

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Collins Akanbi
7221 Grandview Blvd
Miramar, FL 33023

Sir, I am sending a form for Reinstatement of my Corporation, due to to confusion, since 12/04/07.

I am sending with this letter a letter to that effect. After discussing this on the phone with one of the officials, I am sending a check of \$300, plus the \$50 check still in your office, to complete the dues

for my Cooperation. Page 383

Thanks for your
Cooperation

Yrs'
Collins Akand