

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 FEB 27 A 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PD3000142543**

1. Corporation Name

DRIAN LUMP BOSTON, INC.

2. Principal Office Address - No P.O. Box #

2958 S. Whisperbay CT
Suite, Apt. #, etc.

3. Mailing Office Address

SAME AS Principal
Suite, Apt. #, etc.

City & State

DViedo, FL

City & State

Zip **32765-6936** Country **USA**

Zip Country

200144616342
02/27/09--01031--022 **300.00

02/03/09 CR2E081 (12/08)
01016 025 - 158.75

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

200431831

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

DRIAN L. BOSTON

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

2958 S Whisperbay CT

Suite, Apt. #, Etc.

City

DViedo

State

FL

Zip Code

32765

☒ 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

Drian L. Boston

Date

2/24/09

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
owner	DRIAN L. BOSTON	2958 S. Whisperbay CT	DViedo, FL 32765

REINSTATEMENT

07-09

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:

Drian L. Boston **DRIAN L. BOSTON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/09

Date

407461-0139

Daytime Phone #