


2007 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P04000032452		
1. Entity Name BOSS NOVELTY DISTRIBUTORS, INC.		

Principal Place of Business 11600 QUAIL ROOST DR MIAMI, FL 33157-6550	Mailing Address 11600 QUAIL ROOST DR MIAMI, FL 33157-6550
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
07 SEP 18 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GONZALEZ, MARIO 11600 QUAIL ROOST DR MIAMI, FL 33157-6550		Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Mario Gonzalez* - *MARIO GONZALEZ* DATE: *9-1-2007*

Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GONZALEZ, MARIO 12240 SW 121 AVENUE MIAMI, FL 331865158 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000109562330 09/18/07--01020--004 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS GONZALEZ, NATALIA 12240 SW 121 AVENUE MIAMI, FL 331865158 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>\$9/19</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mario Gonzalez* - *MARIO GONZALEZ* DATE: *9/1/07* 305-232-8494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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From the desk of:

Mario Gonzalez
11600 Quail Roost Dr.
Miami, Fl. 33157-6550

Aug. 7th, 2007

State of Florida
Division of Corporations
Tallahassee, Fl.

Re: Boss Novelty Distributors Inc.
Document Number: P04000032452

Gentlemen:

I have just come to realize that the above mentioned corporation is inactive. I hired a new accountant and he informed me that this had not been taken care off and that this corporation has been inactive since September, 2006.

I would like to activate this corporation; I am enclosing \$ 300.00 towards the payments of the annual reports for the year 2006 and 2007.

I am respectfully requesting that all penalties and fees be waived in the reinstatement, since I did not receive any prior notices from the State of Florida about the subject matter.

Thanking you for your concern and attention.

Sincerely,


MARIO GONZALEZ
President