

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 OCT 21 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-08
CR2E081 (10/08)

DOCUMENT # P04000061136

1. Corporation Name

BOSEWAL INVESTMENT, INC.

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

14732 SW 4TH STREET

Suite, Apt. #, etc.

3. Mailing Office Address

14732 SW 4TH STREET

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES, FL

Zip

33027

Country

USA

Zip

33027

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 04/07/2004

5. FEI Number

201033517

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

CHUCK MOGBO, PA

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

2800 W. OAKLAND PARK BOULEVARD

Suite, Apt. #, Etc.

209

City

OAKLAND PARK

State

FL

Zip Code

33311

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

Mogbo CPA
REGISTERED AGENT MUST SIGN

Date 10/16/08

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
P	AKINWANDE, OLAWALE	14732 SW 4TH STREET	PEMBROKE PINES, FL 33027

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:

Akinwande / AKINWANDE, O

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/08

Date

954-431-1221

Daytime Phone #

800137131468
10/21/08--01025--010 **300.00