PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT	A DEPARTMENT OF STATE Secretary of State IVISION OF CORPORATIONS	07 NOV -5 PM 4: 42
DOCUMENT # P0 4000/67087 1. Corporation Name		LEGRETARY OF STATE SELAHASSEE, FLORIDA
BABY BOSS, INC.		100111583171 11/01/0701033025 **458.75
11214 PINES BLUD 11214	PINES BLUD	CR2E081 (1/07)
Suite, Apt. #. etc. Suite, Apt. /64	4. 1	Date Incorporated or Qualified To Do Business in Florida 12/11/04
City & State PEMBROKE PINES FL PEMB	6. 15. F. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	FEI Number 2019 9 6 5 4 5 Not Applied For Not Applicable
2ip Country Zip 33026 U. S. A 3302	Country 6.	SERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Reg		
Name OLUSEYI JOHN KHIZAMAH Street Address (P.O. Box Number is Not Acceptable) 1214 PINES BLV # Suite, Apt. #, Etc. 164		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
City PEMBROKE PINES	State Zip Code FL 33 > 24	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 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
P OLUSETI . J. [KHIZAMAH	11214 PINGS BLUD:	4/64 PEMBROKE PINES /L33026
VP JOHN SOSA	11214 PINES BLUD STE 16	4 PEMBRUKE PINES, FL 33026
REINSTATEMENT os -07 Pos		
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: ## Paret OF . OUSE! J. KHIZAMAH 10/31/01 759-8174984 Date Daytime Phone #		

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John Sosa florida lept 9 Stato Secretary 9 Stato. 11214 PINES Blud #/64 Pembroke Vines Division of Corporations fr 33026 10/31/07 FLORIBA 10 WHOM IT, MAY CONCERN. This is to confirm that the entity referred on as Balony boss, Incorporated the entity referred expond our control did not receive prior notices either by mail, telephone or any Other form De As an officer of the Corporation Known as Balay boss, Inc I hereby certify that prior notices were not received and I requesting the re-instatement fee be waived. re-instatement fee be waived based on the telephone Conversation with one g you representabiles, I here enclosed \$450.00 and \$8.75 for the Certificate of Status desired and Reinstatement fee. Thank you in anticipation for your Cooperation in this very important many matter John 5089 - 954 - 534 - 5489.