

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 OCT 24 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000168328

1. Entity Name
JUNIOR BOSTON, INC.



Principal Place of Business
**358 SAN LORENZO AVENUE
SUITE 3125
CORAL GABLES, FL 33146**

Mailing Address
**358 SAN LORENZO AVENUE
SUITE 3125
CORAL GABLES, FL 33146**

2. Principal Place of Business
**358 SAN LORENZO AVENUE
SUITE 3125
CORAL GABLES, FL 33146**

3. Mailing Address
**358 SAN LORENZO AVENUE
SUITE 3125
CORAL GABLES, FL 33146**

Suite, Apt. #, etc.
**358 SAN LORENZO AVENUE
SUITE 3125
CORAL GABLES, FL 33146**

City & State
**358 SAN LORENZO AVENUE
SUITE 3125
CORAL GABLES, FL 33146**

Zip
**358 SAN LORENZO AVENUE
SUITE 3125
CORAL GABLES, FL 33146**

Country
**358 SAN LORENZO AVENUE
SUITE 3125
CORAL GABLES, FL 33146**



10062005 REIN-P CR2E098 (6/04)

4. FEI Number
20-2010780

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**KERN, KEITH D ESQ
50 SE FOURTH AVENUE
DELRAY BEACH, FL 33483**

7. Name and Address of New Registered Agent
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAORMINA, PHILIP 2509 NE 26TH AVENUE FORT LAUDERDALE, FL 33305	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600060457556 10/10/05--01077--008 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VP TAORMINA, PHILIP 2509 NE 26TH AVENUE FORT LAUDERDALE, FL 33305	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 S TAORMINA, PHILIP 2509 NE 26TH AVENUE FORT LAUDERDALE, FL 33305	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 exemption stated in Section 119.07(3)(i), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/7/05
Date Daytime Phone #