

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 13 PM 4:43

DOCUMENT # P05000075778

1. Entity Name
BOSKO TOOLS & EQUIPMENT INC.



Principal Place of Business
349 BLUE HERON DRIVE
WINTER PARK, FL 32789 US

Mailing Address
349 BLUE HERON DRIVE
WINTER PARK, FL 32789



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05072008 REIN-P CR2E098 (1/07)

City & State

City & State

4. FEI Number
20-2886690

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMK ACCOUNTING SERVICES INC.
274 WILSHIRE BLVD SUITE 232
CASSELBERRY, FL 32707

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

5-7-08

FILE NOW!!! FEE IS \$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 P
NAME BOSKO, KEVIN A ☐ Delete
STREET ADDRESS 349 BLUE HERON DRIVE
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600129062306
CITY-ST-ZIP 05/13/08--01004--029 **300.00

TITLE VP
NAME BOSKO, MARISA ☐ Delete
STREET ADDRESS 349 BLUE HERON DRIVE
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-7-08

407-701-3171

5/13