

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000089839	
1. Entity Name <b>BOLLY'S ENTERPRISES, INC.</b>	



FILED

2007 JAN -2 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>13215 NE 6TH AVE 203 MIAMI, FL 33161</b>	Mailing Address <b>13215 NE 6TH AVE 203 MIAMI, FL 33161</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10102008 REIN-P CR2E098 (11/05)

4. FEI Number <b>20-3245015</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>DIXON, COLIN N 14164 SW 158 CT MIAMI, FLORIDA, FL 33196</b>	
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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 <u><i>COLLIN DIXON</i></u>	DATE <u>12-28-06</u>

FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BOLDEWYN, MICHEL 13215 NE 6TH AVE, #203 MIAMI, FL 33161</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>700082910837 01/02/07--01052--010 **750.00</b> <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: <u><i>Boldewyn M Michel</i></u>	DATE: <u>2-28-06</u>
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

305-343-6080