

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 DEC 30 PM 4: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *ID*

800189129828
12/30/10--01039--004 **750.00

CR2E081 (6/10)

DOCUMENT # P06000138557

1. Corporation Name

Dennis Boden Inc.

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

13780 SE 100th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

13780 SE 100th Ave

Suite, Apt. #, etc.

City & State

Bellevue, FL

City & State

Bellevue, FL

Zip

34420

Country

USA

Zip

34420

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 11/02/2006

5. FEI Number

205771190

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

Dennis Boden

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

13780 SE 100th Ave.

Suite, Apt. #, Etc.

City

Bellevue

State

FL

Zip Code

34420

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

Date 12/28/10

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
Pres.	Dennis Boden	13780 SE 100th Ave.	Bellevue, FL 34420

10. E-mail Address: boden_dennis@comcast.net

(To be used for future annual report notification)

11. 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. I further certify 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/10

Date

352-598-5760

Daytime Phone #

1/30