

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JAN 22 PM 12: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000024845

1. Corporation Name: Bosmas International, Inc.

REINSTATEMENT 08-09

900141738519
01/22/09--01002--020 **450.00

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida 04/05/1993

5. FEI Number 65-0403383 Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

☒ 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 fee be waived.

7. Name and Address of Current Registered Agent

Name
Herman J. Lange

Street Address (P.O. Box Number is Not Acceptable)
555 East 25th Street

Suite, Apt. #, 111

City State Zip Code
Hialeah FL 33013

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

Date 01/05/2009

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	Herman J. Lange	3705 N.E. 214 th Street	Aventura, FL 33180
			JC 1/22

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:

01/05/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #