PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 FEB 27 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000083509

500010080315
01/14/03--01061--024 **150.00

-02/07/03-01019-005-150.00-

1. Corporation Name

BOILER AND OIL SERVICE CORP.

2. Principal Office Address	3. Mailing Office Address
201 W. 23 STREET	(SAME)
Suite, Apt. #, etc.: BAY 1	Suite, Apt. #, etc.:
City & State: HIALEAH, FL	City & State:
Zip: 33010 Country:	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0445690 — 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: VICTOR A. LAPARGADA

Street Address (P.O. Box Number is Not Acceptable): 201 W. 23rd. STREET

Suite, Apt. #, Etc.: BAY 1

City: HIALEAH State: FL Zip Code: 33010

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: 12/18/02

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	VICTOR A. LAPARGADA	201 W. 23rd. ST	HIALEAH, FL 33010
VP	JOSEL, DELGADO	201 W. 23rd. ST.	HIALEAH, FL 33010
		02-03480	

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 under section 119.07(3)(i), 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: _____ 12/18/02 305 888-8783

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #