

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000067218

1. Corporation Name

Boystar Investments, Inc.

Principal Place of Business

Mailing Address

207 Jasmine Lane
Longwood, FL 32779

If any of the addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. State Agent

Suite, Apt. #, etc.

5. City

City & State

6. Country

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

9/13/94

5. FEI Number

59-3274316

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DES. REQ. ☐

\$8.75 Additional Fee required for a Certificate of Status

7. List the Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)

1. Name

Name of Officers and/or Directors

3

Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)

4

City, State / Zip

PST Roy Meadows

207 Jasmine Lane

Longwood FL 32779

REINSTATEMENT

96-99

LFS 9-20-99

000002990530-4
-09/20/99--01014--008
***1235.00 ***1200.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Roy Meadows
207 Jasmine Lane
Longwood, FL 32779

Name

Street Address (P.O. Box Numbers Not Acceptable)

Suite, Apt. # Etc.

City

State / Zip Code

FL

10. I, the undersigned, being a registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Roy Meadows

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information on intangible tax)

12. I, the undersigned, being a duly qualified trustee and having been sworn to execute this application as provided for in chapter 817 or 819, F.S., do hereby certify that the information furnished herein is true and correct and that the corporation named herein has complied with the requirements of chapter 817 or 819, F.S., and that the corporation named herein is entitled to the exemption under section 119.07, F.S., and that the corporation named herein is entitled to the exemption under section 119.07, F.S., and that the corporation named herein is entitled to the exemption under section 119.07, F.S.

SIGNATURE:

Roy Meadows (Roy Meadows)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/99

Date

407-788-2844

Phone Number