

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000044922

1. Corporation Name

BOUCHER BROTHERS INC.

Principal Place of Business

Mailing Address

3448 NE 210TH TERRACE
AVENTURA FL 33180

3448 NE 210TH TERRACE
AVENTURA FL 33180

If above 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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State Aventura, FL

City & State Aventura, FL

Zip 32180

Country USA.

Zip 33180

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/01/1995

5. FEI Number

65-0589684

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 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
D/P President	BOUCHER, JAMES	3448 NE 210TH TERRACE	AVENTURA FL 33180
Vice President	Michael Boucher	1820 NE 197 Terrace North Miami Beach FL	North Miami Beach, FL 33179
M	Stam Boucher	900 Euclid Ave #6	Miami Beach, FL 33139
M	Pony Boucher	10000 Bay Harbor Terrace #402	Bay Harbor Island, FL 33154
Secretary	Laurie Dupon	13220 SW 83rd	Miami, FL 33156
Treasurer	Mike Karl	13220 SW 83rd	Miami, FL 33156

8. Name and Address of Current Registered Agent

BOUCHER, JAMES
3448 NE 210TH TERRACE
AVENTURA FL 33180

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

Aventura

State

FL

Zip Code

33180

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

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 5/27/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

JAMES ROCCO BOUCHER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/97

20000223972-5
-06/26/97--01077-007
***\$15.00 ***\$15.00
305-933-3776

Date Daytime Phone #