

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
96-97 AIC
REINSTATEMENT



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

APPROVED
AND
FILED

97 APR 15 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000075688

1. Corporation Name
BOSS REPORTING, COMPANY, INCORPORATED

Principal Place of Business Mailing Address
1116 N.W. 107TH TERRACE 1116 N.W. 107TH TERRACE
PLANTATION FL 33322 PLANTATION FL 33322



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt #, etc.		Suite, Apt. #, etc.		09/28/1995	
City & State		City & State		5. FEI Number	
Zip		Country		65-0621692	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PVST	KADOSH, DONNA M	1116 NW 107TH TERRACE	PLANTATION FL 33322
			000002154180--0 -04/24/97--01111--016 ***365.00 ***365.00
			\$874/15/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KADOSH, DONNA M
1116 N.W. 107TH TERRACE
PLANTATION FL 33322

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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: Donna M. Kadosh Date: 3-31-97
REGISTERED AGENT MUST SIGN

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: Donna M. Kadosh Donna M. Kadosh 3-31-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/96)

Ross Reporting Co., Inc.

March 31, 1997

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Attention: Sean Turner

Dear Mr. Turner,

Please find enclosed a check in the amount of \$365.00 per our telephone conversation on Friday. This check is for 1996 and 1997 for filing the corporation.

Per our discussion the reinstatement fee has been waived due to the negligence of my previous bookkeeper. As I mentioned to you, I was under the impression that my previous bookkeeper had taken care of all of my company's corporate filings. However, after she left I went through all of her files and found out that this was never paid.

I appreciate your cooperation. If you have any questions, please don't hesitate to contact me.

Sincerely,

BOSS REPORTING CO., INC.



DONNA M. KADOSH
PRESIDENT

DMK/lp