

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 JUN 12 PM 12:47

DOCUMENT # **P95000075688**

1. Corporation Name

BOSS REPORTING, COMPANY, INCORPORATED

Principal Place of Business

Mailing Address

600 SW 4TH AVE
 #112
 FT LAUDERDALE FL 33315

1116 NW 107 TERRACE
 PLANTATION FL 33322



REINSTATEMENT 99-00

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

09/28/1995

Suite, Apt. #, etc.
515 E. LAS OLAS Blvd #120

Suite, Apt. #, etc.
515 E. LAS OLAS Blvd #120

5. FIC Number

65-0621692

Applied For

Not Applicable

City & State
 Ft. Lauderdale FL

City & State
 Fort Lauderdale FL

Zip
33322

Country
Broward

Zip
33322

Country
Broward

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	4 City / State / Zip
PVST	KADOSH, DONNA M	1116 NW 107TH TERRACE	PLANTATION FL 33322

600003299606--2
 -06/21/00-01094-010
 *****900.00 *****900.00

3/16/00

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 Kadosh* **SIGNATURE REQUIRED** Date 3/16/00
 REGISTERED AGENT MUST SIGN

11. 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 Kadosh* **SIGNATURE REQUIRED** Date 3/16/00 Daytime Phone # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E041 (8/99)