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	E	DIVISION OF CO	POHATIONS			••	
DOCUMENT # P96000103813  1. Corporation Name				FILED			
BOSSE CONSTRUCTION AND INVESTMENTS, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
							Principal Place of Business 11266 Northwest 46 Drive Coral: Springs, Florida 3307
If above addresses are incorrect in any way, line the 2. New Principal Office Address, If Applicable	-	nformation and e		4. Date Incom	porated or Qualified 12/2	7.06	
				4. Date Incorporated or Qualified 12/27/96 To Do Business in Florida effective 1/01/97			
uite, Apt. #, etc.  Suite, Apt. #, etc.  ity & State  City & State				5. FEI Number Applied For Not Applied For			
Zip Country	Zip	C	ountry	6. CERTIFICAT	E OF STATUS DESIRED		
7. Names and Street Addresses of Each Officer and	d/or Director (Flo	rida nonprofit co	prporations must list at lea	ast 3 directors)	·		
Title(s) Name of Officers and/or Directors 2		3 (Do NO	Street Address of Each Officer and/or Director OT Use Post Office Box N	•	City / S	tate / Zip	
Bosse, Christopher  5 Balzer, Raber  8. Name and Address of Current	· · · · · · · · · · · · · · · · · · ·	11266	rthwest 46 Dr	701 70	Coral Springs.  Coral Springs.	FL 33074 047004 ****150.00 3178 1047005 **** <b>50</b> 0.00 <b>SP</b>	
AMERILAWYER CHARTERED			Name Christoph Street Address (P	er T. Bos			
			5803 Nort Suite. Apt. #, Etc.	hwest 66	Avenue		
10. I, being appointed the registered agent of the abo	ove named corpo	ration, am famili	City Parkland ar with and accept the ob	ligations of Secti	State FL on 607.0505, F.S.	Zip Code 33067	
Signature of Registered Agent Christopher T. Bosse	EGISTERED AGI	ENT MUST SIGN	V		Date 12/3/27		
<ol> <li>This corporation owes or h Intangible Personal Proper</li> </ol>			year Yes 🗖	No 🗆		le for information ngible tax.)	
12. I certify that I am an officer or director or the receithis reinstatement application, the reason for dissequently by the composition have been paid and the	olution has been	eliminated, the c	orporate name satisfies ti	he requirements	of section 607.0401 or 617.0-	401, 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR