PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 NOV -2 AM 10:23

DOCUMENT # P97000050633

1. Corporation Name
Business Outsourcing & Support Services, Inc.

01-04

REINSTATEMENT

200042410202
11/02/04--01046--011 **1200.00

2. Principal Office Address	3. Mailing Office Address
1400 NE Miami Gardens Dr.	1400 Miami Gardens Dr.
Suite, Apt. #, etc.: Suite 216	Suite, Apt. #, etc.: Suite 216
City & State: Miami, FL	City & State: Miami, FL
Zip: 33179 Country: USA	Zip: 33179 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/06/97

5. FEI Number: 65-0767066 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Michael Larkin

Street Address (P.O. Box Number is Not Acceptable): 1400 NE Miami Gardens Dr., Suite 216

Suite, Apt. #, Etc.: Suite 216

City: Miami State: FL Zip Code: 33179

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 10/29/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P, V, S, T	Michael Larkin	1400 NE Miami Gardens Dr. 216	Miami, FL 33179

10. 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: _____ 10/29/04 305-940-9020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

11/9aw