

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 16 AM 9:14

DOCUMENT # *P 97000101951*

1. Corporation Name

BOSS LUKES Inc.

2. Principal Office Address

2504 N.W. 91st Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL.

City & State

Zip

33065

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/1997

5. FEI Number

65-0797819

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT *48-01*

7. Name and Address of Current Registered Agent

Name

GERRY BOST

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

2504 N.W. 91st Ave

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33065

1050.00-ADM

61.25-APR

88.75-REINSTATEMENT

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

X [Signature]

Date

11/28/2000

REGISTERED AGENT MUST SIGN

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
<i>P/D</i>	<i>GERRY BOST</i>	<i>2504 N.W. 91st Ave</i>	<i>CORAL SPRINGS, FL 33065</i>

500004342265-3

-06/05/01-01087-014

****1200.00 ***1200.00*

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:

X [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/28/2000

Daytime Phone #

954.876.324