

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUL 30 PM 3:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000011235

**1. Corporation Name**

BOSE MARKETING INC

**2. Principal Office Address**

2845 N MILITARY TRAIL

Suite, Apt. #, etc.

# 5

City & State

WEST PALM BEACH, FL

Zip

33409

Country

PALM BEACH

**3. Mailing Office Address**

"SAME"

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 00-03

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

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

POTINENI, BOSE S.

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

Suite, Apt. #, Etc.

3160 EL CAMINO REAL

City

WEST PALM BEACH

State

FL

Zip Code

33409

**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

*(Signature) Bose Potineni*

REGISTERED AGENT MUST SIGN

Date 07-24-03

**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
D	POTINENI, BOSE S.	3160 EL CAMINO REAL	WEST PALM BEACH, FL 33409

**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)(l), 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

*(Signature) Bose Potineni*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-24-03

Date

561-471-9889

Daytime Phone #

CR2E081 (10/02)

9/7/30