

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6384

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**CORPORATION REINSTATEMENT
BOIVIN U.S.A., INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,500.00

900.00

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Corporate Filing Menu

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09 DEC 17 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S42911

1. Corporation Name

BOIVIN U.S.A., INC.

Handwritten initials

2. Principal Office Address - No P.O. Box #
848 Kennedy Blvd.

3. Mailing Office Address:
same

Suite, Apt. #, etc.
n/a

Suite, Apt. #, etc.
n/a

City & State
Pintendre Quebec

City & State
same

Zip Country
G6C 1A4 Canada

Zip Country
same same

REINSTATEMENT 04-09

4. Date Incorporated or Qualified
To Do Business in Florida 04/04/1991

5. FEI Number Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Larry J. Behar, P.A.
Street Address (P.O. Box Number is Not Acceptable)
888 S.E. Third Avenue
Suite, Apt. #, Etc.
Suite # 400
City
Fort Lauderdale
State Zip Code
FL 33316

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of Registered Agent *[Signature]* Date December 16, 2009
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
P	Carole Boivin	848 Kennedy Blvd.	Quebec, Canada
S	Robert Boivin	848 Kennedy Blvd.	Québec, Canada
T	Ghislaine Grondin-Boivin	848 Kennedy Blvd.	Quebec, Canada
D	Johanne Boivin	848 Kennedy Blvd.	Quebec, Canada

10. E-mail Address: lbehar@immigrationflorida.com

(To be used for future annual report notification)

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. I further certify, 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]* Carole Boivin

Date Dec. 16, 2009 954.524-888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #