


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V56659			
1. Corporation Name C. A. Boiler Corp.			
2. Principal Office Address - No P.O. Box # 1600 E. Golfview Drive Suite, Apt. #, etc.		3. Mailing Office Address Same Suite, Apt. #, etc.	
City & State Pembroke Pines, Florida		City & State	
Zip 33026	Country USA	Zip	Country
7. Name and Address of Current Registered Agent Name Osvaldo Rubio Street Address (P.O. Box Number is Not Acceptable) 1600 E. Golfview Drive Suite, Apt. #, Etc.		4. Date Incorporated or Qualified To Do Business in Florida 8/06/1992	
City Pembroke Pines,		5. FEI Number 65-0348181	
State FL		Applied For <input type="checkbox"/> Not Applicable	
Zip Code 33026		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
<input checked="" type="checkbox"/> 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 617.0503, F.S. Signature of Registered Agent _____ Date September 25, 2008 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
D	Osvaldo Rubio	1600 E. Golfview Drive	Pembroke Pines, Fl. 33026
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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		September 25, 2008 305-458-6892 Date Daytime Phone #	