APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1999 - 2000

FILED
00 AUG 18 AM 10:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L98000001682

1 Corporation Name

BOCE GROUP, L.C.

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TALLAHASSEE FLORIDA

WL 8/18

Principal Place of Business / Mailing Address

700 LINCOLN ROAD
MIAMI BEACH, FLORIDA 33139

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address If Applicable
700 LINCOLN ROAD
Suite, Apt. # etc
City & State: MIAMI BEACH, FLORIDA
Zip: 33139 Country

3 New Mailing Address If Applicable
SAME AS NEW PRINCIPAL ADDRESS
Suite Apt # etc
City & State
Zip Country

4 Date Incorporated or Qualified To Do Business in Florida
09/02/98

5 FEI Number
65-0880253
☐ Applied For
☐ Not Applicable

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

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
MANAGER	SEDAT ONUR	700 LINCOLN ROAD	MIAMI BEACH, FL 33139

400003369754--7
-08/23/00--01077--001
****200.00 ****200.00

REINSTATEMENT 1999-2000

8. Name and Address of Current Registered Agent

C.T. CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FLORIDA 33324

9. Name and Address of New Registered Agent

Name: ANDREW B. ROSENBLATT, ESQ.
Street Address (P.O. Box Number is Not Acceptable): 200 SOUTH BISCAYNE BLVD.
Suite, Apt. #, Etc.: SUITE 2710
City: MIAMI
State: FL
Zip Code: 33131

CR2E040 (1295)

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] Date: 4-12-00
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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] BO ONUR, VICE PRESIDENT 04/13/00
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #