2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000129430

1. Entity Name
BOGEN LAW OFFICES PROFESSIONAL ASSOCIATION

FILED
05 MAR -1 AM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02232005 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
621 NW 53RD ST, SUITE 240 BOCA RATON, FL 33487	621 NW 53RD ST, SUITE 240 BOCA RATON, FL 33487

2. Principal Place of Business / Suite, Apt. #, etc. / City & State / Zip / Country

3. Mailing Address / Suite, Apt. #, etc. / City & State / Zip / Country

4. FEI Number 61-1464254 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOGEN, MARK
621 NW 53RD ST, SUITE 240
BOCA RATON, FL 33487

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Mark Bogen MARK BOGEN 2/25/05
Signature, typed or printed name of registered agent and title if applicable. **(NOTE: Registered Agent signature required when reinstating)** DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☐ Delete BOGEN, MARK 621 NW 53RD ST, SUITE 240 BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100047924781 03/08/05--01018--010 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark Bogen : MARK BOGEN, P. 2/25/05 800-536-7545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3/7 ad