

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 20 AM 10:19

DOCUMENT # P93000085167

1. Corporation Name

BOCA CORPORATE RESOURCES, INC.

Principal Place of Business

Mailing Address

10811 MAPLE CHASE DRIVE
STE. 210
BOCA RATON FL 33498
US

10811 MAPLE CHASE DRIVE
STE. 210
BOCA RATON FL 33498
US

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



REINSTATEMENT *00*

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/03/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0455180

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
PRES	WEBER, BRUCE M	10811 MAPLE CHASE DRIVE	BOCA RATON FL
SEC	WEBER, RANDY L	10811 MAPLE CHASE DRIVE	BOCA RATON FL
			700003515267--0 -12/28/00--01019--004 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

BERKMAN, ALLEN M ESQ
10668 SANTA LAGUNA DRIVE
BOCA RATON FL 33428

9. Name and Address of New Registered Agent

Name

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

3370 N.E. 190TH ST

Suite, Apt. #, Etc.

SUITE 1204

City

AVENTURA

State

FL

Zip Code

33180

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

12/14/00

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/00
Date

561
883-9200
Daytime Phone #