## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 

1. Corporation Name

**BOCA DOCK AND SEAWALL, INC.** 



97 DEC -3 MM 9:1-7

SLUNC WRY OF STATE TALLAHASSEE FLORIDA

11/12/97 56-750-4255

160 & DIXIE HWY BOCA RATON FL 33432		Mailing Address 160 \$ DIXIE HWY BOCA RATON FL 33432			BEINSTATEMENT 97.			
	addresses are incorrect in any way, line th incipal Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 01/28/1991				
Sulte, Apt.		Sulte, Apt. #, etc. City & State			5. FEI Numbe			
Zip	Country	Zip	Count	try	6. CERTIFICAT	e of status desired 🔲	\$8.75 Additional Fee require for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (In Title(s) 2 PELLONI, JAMES			orida nonprofit corporations must list at least 3 directors)  Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)  1835 NE 33RD COURT		h	City / State / Zip 4 FORT LAUDERDALE FL		
D	BODNICK, SHELDON		1035 S FEDERAL HWY #408			DELRAY BEACH FL		
					1	0000236 -12/08/97- ****750.0	62512 -01141-019 00 ****750.00	
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent Name				
BODNICK, SHELDON 160 S. DIXIE HWY BOCA RATON FL 33432				Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City State   Zip Code				
10. I, bein Signature Registered	appointed the registered arount of the at	Barlow	pration am familiar i	with and accept the c	obligations of Secl	tion 607.0505, F.S.  Date ///2/9	<u>-L</u> フ	
	nis corporation owes or h tangible Personal Prope			ear Yes 🗌	No 🏻		r side for information ntangible tax.)	
12. I certify	that I am an officer or director or the rec astatement application, the reason for dis	eiver or trustee er	mpowered to execut	e this application as	provided for in ch	apter 607 or 617, F.S. I fur s of section 607.0401 or 61	ther certify that when filing 7.0401, F.S., that all fees	

owed by the corporation have been paid and the names of individuals listed on this torm 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 logal effect as if made under eath.

OF SIGNING OFFICE R OR DIRECTOR