2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F03000004782

Entity Name: BOCA JAVA, INC.

FILED Apr 05, 2005 Secretary of State

	iid: Booktor	(V/ 11 V).			
Current Principal Place of Business:			New Pri	New Principal Place of Business:	
3003 YAMATO ROAD, SUITE C8-1082 BOCA RATON, FL 33434			SUITE 52	AYMEADOWS ROAD 52 ONVILLE, FL 32256	
Current Mailing Address:			New Ma	New Mailing Address:	
3003 YAMATO ROAD, SUITE C8-1082 BOCA RATON, FL 33434			SUITE 52	8535 BAYMEADOWS ROAD SUITE 52 JACKSONVILLE, FL 32256	
FEI Number:	20-0200380	FEI Number Applied For ()	FEI Number Not Ap	Applicable () Certificate of Status Desired ()	
Name and	Address of C	current Registered Agent:	Name ar	and Address of New Registered Agent:	
FRCEK, BRUCE K 3003 YAMATO ROAD, SUITE C8-1082 BOCA RATON, FL 33434 US			8535 BÁ SUITE 5	FRCEK, BRUCE K 8535 BAYMEADOWS ROAD SUITE 52 JACKSONVILLE, FL 32256 US	
	named entity s e of Florida.	submits this statement for the p	ourpose of changing	ng its registered office or registered agent, or both,	
SIGNATUR	RE: BRUCE	K. FRCEK		04/05/2005	
	Electror	ic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did no	ot receive the prior no	otice.	
OFFICERS	S AND DIREC	TORS:	ADDITIO	ONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	FRCEK, BRUC 3003 YAMATO	ROAD, SUITE C8-1082	Title: Name: Address: City-St-Zip		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip	D () Change (X) Addition FRCEK, LYNN 8535 BAYMEADOWS ROAD, SUITE 52 ip: JACKSONVILLE, FL 32256	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip	· · · · · · · · · · · · · · · · · · ·	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: Citv-St-Zip	D () Change (X) Addition WILSON, DOUG 4905 BELFORT ROAD, SUITE 110 ip: JACKSONVILLE. FL 32256	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE K. FRCEK P 04/05/2005