


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 25 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300086810303
01/31/07--01031--015 **750.00

CR2E081 (12/05)

DOCUMENT # G15039

1. Corporation Name

Boca S. Corp. I

2. Principal Office Address

115 Lawrence Parkway

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 1719

Suite, Apt. #, etc.

City & State

Tenafly, NJ

Zip

07670

Country

U.S.A.

City & State

Englewood Cliffs

Zip

NJ

Country

07632

4. Date Incorporated or Qualified
To Do Business in Florida

1/1/83

5. FEI Number

59-2445324

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sol D. Kugler

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

20047 Waters Edge Drive

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33434

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

1/16/07

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DIRECTOR DIRECTOR	Seth Kugler	115 Lawrence Parkway	Tenafly, NJ 07670
DIRECTOR DIRECTOR	Adam Kugler	12 Meadows Lane	Claskey, NJ 07624
DIRECTOR DIRECTOR	Mark Kugler	1515 Jefferson Davis Hwy	Arlington, VA 22202
DIRECTOR DIRECTOR	Joe Wasky	31 Briarcliff Road	V. Saddle River, NJ 07458

10. 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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

201

394-8829

2/1/26

282

BOCA S. CORP I
PO BOX 1719
ENGLEWOOD CLIFFS, NJ 07632

January 16, 2007

To Whom It May Concern:

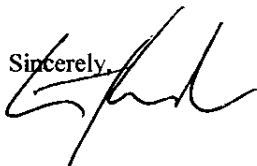
Pursuant to my phone conversation with Thelma Lewis, we are asking that our reinstatement fee be waived. According to Ms. Lewis, her records show that our 2003 Uniform Business Report was returned to her office back in 2003.

Enclosed please find Corporation Reinstatement Form along with our check for \$750 for years 2003-2007.

If you need to reach me, I am available at (201) 394-8929.

Thank you.

Sincerely,



Seth Kugler, Managing ~~Partner~~ DIRECTOR