

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 OCT 21 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 97

500002325745--9

DOCUMENT # 553720
1. Corporation Name
BOCA RATON CAPITAL CORPORATION

Principal Place of Business Mailing Address
6516 Via Rosa Boca Raton, FL 33433 Same as principal place of business

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

2. New Principal Office Address, if applicable 3. New Mailing Address, if applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE
4. Date Incorporated or Qualified To Do Business in Florida 5/27/87

5. FEI Number 59-2763089 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$0.75 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/CEO	Alan L. Jacobs	6516 Via Rosa	Boca Raton, FL 33433
T/S CFO	Franklyn B. Weichselbaum	6516 Via Rosa	Boca Raton, FL 33433
D	Robert H. Arnold	152 West 57th Street	New York, NY 10019
D	Ronald L. Miller	2601 Heron Lane North	Clearwater, FL 34622
D	Lawrence C. Rutstein	340 Overlook Lane	Gulph Mills, PA 19428
D	Alan H. Weingarten	21759 Club Villa Terrace	Boca Raton, FL 33433

8. Name and Address of Current Registered Agent
**The Prentice Hall Corporation System, Inc.
1201 Hays Street
Tallahassee, FL 32301**

9. Name and Address of New Registered Agent
Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State FL Zip Code _____

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 Laura R. Dunlap Corporation Service Company
It's Agent Laura R. Dunlap
REGISTERED AGENT MUST SIGN

Date 10-21-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I assure the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that when I file 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., and the fees owed by the corporation have been paid. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/20/97 541-477-8190
Deputy Phone #

2



ACCOUNT NO. : 072100000032

REFERENCE : ~~572029~~ 7110727

AUTHORIZATION : Patricia Pygus

COST LIMIT : \$750.00

ORDER DATE : October 21, 1997

ORDER TIME : 10:22 AM

ORDER NO. : 572029-005

CUSTOMER NO: 7110727

CUSTOMER: Mr. Franklyn B. Weichselbaum
Boca Raton Capital Corporation
6516 Via Rosa

Boca Raton, FL 33433

DOMESTIC FILINGS

NAME: BOCA RATON CAPITAL CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XXX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stacy L Earnest

EXAMINER'S INITIALS

SB
10-21-97

RECEIVED
97 OCT 21 PM 12:11
DIVISION OF CORPORATION