

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 OCT 25 AM 11:49

DOCUMENT # K29265

1. Corporation Name

West Boca Enterprises, Inc.

REINSTATEMENT

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

4900 W. Linton Blvd.

3. Mailing Office Address

4900 W. Linton Blvd.

Suite, Apt. #, etc.

15/16

Suite, Apt. #, etc.

15/16

City & State

Delray Beach, Fl.

City & State

Delray Beach, Fl.

Zip

33445

Country

Palm Beach

Zip

33445

Country

Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

7-25-1988

5. FEI Number

65-0062544

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
Meir Wersavik

Street Address (P.O. Box Number is Not Acceptable)
4900 W. Linton Blvd.

Suite, Apt. #, Etc.

15/16

City

Delray Beach

State

FL

Zip Code

33445

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

MW

Date 10 23 07

REGISTERED AGENT MUST SIGN

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
Pres.	Meir Wersavik	4900 W. Linton Blvd.	Delray Beach, Fl. 33445
Sec.	Avivit Wersavik	4900 W. Linton Blvd.	Delray Beach, Fl. 33445

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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

MW

MEIR WERSAVIK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/07

Daytime Phone #

561-499-6400