
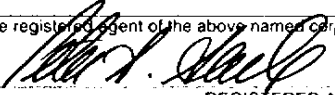
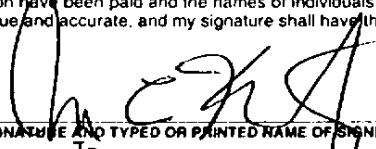


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K 47109			
1. Corporation Name BOCA BOSTON ENTERPRISES, INC.			
Principal Place of Business 7000 WEST PALMETTO PARK ROAD BOCA RATON, FLORIDA		Mailing Address	
If above addresses are incorrect in any way, line through incorrect information and enter correction below			
2. New Principal Office Address, If Applicable 19641 Island Court Drive Suite, Apt. #, etc. City & State Boca Raton, Florida Zip 33434 Country US		3. New Mailing Office Address, If Applicable 19641 Island Court Drive Suite, Apt. #, etc. City & State Boca Raton, Florida Zip 33434 Country US	
4. Date Incorporated or Qualified To Do Business in Florida 11-23-88		5. FEI Number 65-0083651 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 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
C/D	JASON KRAVETZ	c/o Sachs, Sax & Klein, P.A. 301 Yamato Road, #4150	Boca Raton, FL 33431
P/D	STEVEN KAPLAN	c/o Sachs, Sax & Klein, P.A. 301 Yamato Road, #4150	Boca Raton, FL 33431
8. Name and Address of Current Registered Agent Frassetta, William A. Sachs, Sax & Klein, P.a. Northern Trust Plaza, Suite 4150 301 Yamato Road Boca Raton, FL 33431		9. Name and Address of New Registered Agent Name PETER S. SACHS Street Address (P.O. Box Number is Not Acceptable) 301 Yamato Road, Suite 4150 Suite, Apt. #, Etc. Northern Trust Plaza City Boca Raton State FL Zip Code 33431	
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  REGISTERED AGENT MUST SIGN Date 3/31/99			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax)			
12. 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 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 legal effect as if made under oath.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Jason Kravetz		Date 3/30/99 Daytime Phone # 397-1040	

REINSTATEMENT

99 APR -1 PM 3:16

CLERK OF THE STATE  
TALLAHASSEE, FLORIDA

CR2E081 (12/98)