

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

00 JUN 26 AM 10:07

**DOCUMENT #** K 47109

**1. Corporation Name**

Boca Boston Enterprises, Inc.

**2. Principal Office Address**

19641 Island Court Dr.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33434

Country

USA

**3. Mailing Office Address**

19641 Island Court Dr.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33434

Country

USA

**REINSTATEMENT 2000**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11-23-88

**5. FEI Number**

650083651

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

~~Edward Artau, Esq.~~

Marks & Artau, P.A.

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

2499 Glades Road

Suite, Apt. #, Etc.

Suite 101

City

Boca Raton

State  
FL

Zip Code

33431

600003321516-5

-07/13/00--01002--024

\*\*\*\*758.75 \*\*\*\*758.05

**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

Marks & Artau, P.A.  
By: *[Signature]*

REGISTERED AGENT MUST SIGN

Date

6/21/00

**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
CD	Kravetz, Jason	19641 Island Court Dr.	Boca Raton, FL 33434
PD	Kaplan, Steven	33-56 54th Street	Woodside, NY 11376

**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 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 C Kravetz 6/21/2000

Date

Daytime Phone #

(561) 870-8008