

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -8 AM 11:41

1. DOCUMENT # L02000009515

Name and Mailing Address

0012291 01 AT 0.292 **AUTO T5 0 0615 33434-411440

BOINIS HOLDINGS, LLC
7940 GLADES ROAD
BOCA RATON FL 33434-4114

700025778267
12/26/03--01085--012 **150.00



2. New Mailing Address

P.O. Box 718

City, State, Zip

Ocean City, MD 21843

Principal Place of Business

7940 GLADES ROAD
BOCA RATON FL 33434

3. New Principal Place of Business Address

4235 West Tradewinds Ave.

City, State, Zip

Ft. Lauderdale, FL 33308

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

04/22/2002

6. FEI Number

81-0554611

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$5.00 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

LAW OFFICE OF JEFFREY L. GREENBERG, P.A.
4800 NORTH FEDERAL HIGHWAY
SUITE 304-D - SANCTUARY CENTRE
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED, Pres.
REGISTERED AGENT MUST SIGN

Date **11/17/03**

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	BOINIS, JOHN	7940 GLADES ROAD	BOCA RATON FL 33434

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of
Managing Member/Manager

SIGNATURE REQUIRED

Date **11/18/03**

Daytime Phone # **561-487-1600**

Typed or printed name of signing Managing Member/Manager

John B. Boinis

CR2E184 (7/03)