

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JUL 27 PM 1:35

DOCUMENT # L04000035302

1. Corporation Name

BOCA INVESTMENT PROPERTIES, LLC

607-33909

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

40 SE 7TH STREET

3. Mailing Office Address

40 SE 7TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33432

Country

USA

Zip

33432

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

05/10/2004

5. FEI Number

20-1105161

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  
CHRIS W. BUEHL

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

40 SE 7TH STREET

Suite, Apt. #, Etc.

City  
BOCA RATON, FL

State

FL

Zip Code

33432

☐ 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

REGISTERED AGENT MUST SIGN

Date

7.3.2007

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	CHRIS W. BUEHL	40 SE 7TH STREET	BOCA RATON, FL 33432
VP	ROBERT BUEHL	40 SE 7TH STREET	BOCA RATON, FL 33432

FF \$150.00  
RF 100.00  
CUS 5.00

REINSTATEMENT

2005-2007

BLT

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7.3.2007

561-417-0040

Daytime Phone #