## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

COMPANY REINSTATEMENT	Secreta	RTMENT OF STATE by of State corporations		FILED 10 FEB 25 AM 7: 06
DOCUMENT # 205000494/6  1. Limited Liability Company's Name				SECRETARY OF STATE TALLAHASSEE, FLORIDA
BOCA Island, LLC			n. 15	00167465531
			01720	71001034009 **100.08 CR2E041 (11/09)
2. Principal Office Address - No P.O. Box#  3. Mailing Office Address  110 3 AVENUE  110 3 AVENUE  110 3 AVENUE		4. State/Coun	try of Formation	
Suite, Apt. #, etc.  /B  /B		Flaida, Palm Beach  5. Date Organized or Qualified To Do Business in Florida 5/18/2005		
New York, NY New York, NY			6. FEI Number Applied For	
Zip 10003 Country Manha Ham	Zip 10003	Country Manhattam	7.	OF STATUS DESIRED S5.00 Additional Fee required for a Cortificate of Status
Name and Address of Current Registered Agent				
Name CT Corporation System			☐ A \$100 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 \$100	
Street Address (P.O. Box Number is Not Acceptable) 1200 Sauth Pine Island Rd				
Suite, Apt. #, Etc				
City Plantation State Zip Code FL 35324			reinstatement be waived 5531 02/24/1001010018 **416.25	
9. 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				
10. Names and Street Addresses of Managing Members/Managers				
Titles Name of Managing Members/Manage	era	Street Address of Each Managing Member/Manag	ger	City / State / Zip
Member TUYEN DO 110 2rd AVE,		#1B	New York, NY 10003	
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I NICHTATCH TAN	T CALLSTA	1/2	]	S. HAWKES
THANKI S. HAWKI				> <del> - - - </del>
A008-10 (FEB 2 6 29')				EXAMINER
EXAMINER				
11. E-mail Address: TUYENV DOE YAHOO. COM (To be used for future annuel report notifications)				
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 Manager Date 1/22/10 Daytime Phone # 9/7 723 8/7/				
Typed or printed name of signing Managing Member/Manager				



February 4, 2010

BOCA ISLAND, LLC 110 3RD AVE 1B NEW YORK, NY 10003

SUBJECT: BOCA ISLAND, LLC Ref. Number: L05000049416

We have received your document for BOCA ISLAND, LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2008 through 2010;and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$416.25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your documents please call (850) 245-6955.

Letter Number: 710A00002923

Suzanne Hawkes Regulatory Specialist II