

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
TALLAHASSEE, FLORIDA

01 MAY 25 AM 10:13

DOCUMENT # L15642

1. Corporation Name

The Shops of Boca, Inc.

2. Principal Office Address
800 Corporate Drive

3. Mailing Office Address
800 Corporate Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 502

Suite 502

City & State

City & State

Ft. Lauderdale, FL

Ft. Lauderdale, FL

Zip
33334

Country
USA

Zip
33334

Country
USA

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-06/15/01--01042--001
****968.75 ****908.75
REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida 9/14/89

5. FEI Number
581859867

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 Terry Salzman, C/O Cushman and Wakefield of Florida Inc.

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

800 Corporate Drive

Suite, Apt. #, Etc.

Suite 502

City Ft. Lauderdale

State FL Zip Code 33334

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

[Handwritten Signature]

Date 5/14/01

REGISTERED AGENT MUST SIGN

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
VP	Michael Winskell	Winskell & Winskell 52 Dean Street	New Castle Upon Tyne Great Britian
Pres Sec/Tr	Medhat Serag El Din	2 Mohamed Farid Wagdy Street Manial Al Rodah	Cairo, Egypt

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:

[Handwritten Signature] MICHAEL WINSKELL - VICE PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)