

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 JUL 28 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L46902

1. Corporation Name

BOCA ARROYO, INC.

2. Principal Office Address

3939 N. Ocean Blvd.

Suite, Apt. #, etc.

Apt. 413

City & State

Ft. Lauderdale, FL

Zip

33307

Country

USA

3. Mailing Office Address

40 Independence Ct.

Suite, Apt. #, etc.

City & State

Jackson, NJ

Zip

08527

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02/01/1990

5. FEI Number

22-3095416

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

DAVID K. OAKS, ESQ.

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

407 East Marion Avenue

Suite, Apt. #, Etc.

Suite 101

City

Punta Gorda, FL 33950

State

FL

Zip Code

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

*David K. Oaks*  
REGISTERED AGENT MUST SIGN

Date

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
P/S/T/D	JOHN J. STENGER	40 Independence Ct.	Jackson, NJ - 08527-

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

*John J. Stenger*  
4/20/03

Date

536-1506  
732-832-2196

Daytime Phone #

CR2E081 (10/02)