

L96000001315

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 NOV 25 AM 8:45

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # L96000001315

Boca-SJA, L.C.
c/o Boca-SJA, Inc.
7280 W. Palmetto Park Road, Suite 305N
Boca Raton, FL 33433

1a. Principal Place of Business Address

c/o Boca-SJA, Inc.
7280 W. Palmetto Park Road
Suite 305N
Boca Raton, FL 33433

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

1996

Florida

4. FEI Number

65-0524855

☐ Applied For

☐ Not Applicable

5. Date of Last Report

2/97

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

Stanley D. Gottsegen, Esq.
Abrams Anton P.A.
One Boca Place, Suite 411-E
2255 Glades Road
Boca Raton, FL 33431

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

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

Date 11/18/98

REGISTERED AGENT MUST SIGN

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

Boca-SJA, Inc.

7280 W. Palmetto Park Rd
Suite 305N

Boca Raton, FL
33433

000002705320--B
-12/08/98--01003--005
*****688.75 *****688.75

REINSTATEMENT

1998

11. 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

Date

Daytime Phone # 561-447-8500

Typed or printed name of signing Managing Member/Manager