

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.
APPROVED AND FILED

L90000001315
**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L90000001315

1. Limited Liability Company's Name

BOCA-SJA, L.C.

REINSTATEMENT 1999-2000

2. Principal Office Address

2255 Glades Road, Suite 411-E

Suite, Apt. #, etc.

City & State

Boca Raton, Florida

Zip
33431

Country
USA

3. Mailing Office Address

2255 Glades Road, Suite 411-E

Suite, Apt. #, etc.

City & State

Boca Raton, Florida

Zip
33431

Country
USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

July 15, 1994

6. FEI Number

65-0524855

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

William S. Kramer

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

2255 Glades Road

Suite, Apt. #, Etc.

Suite 411-E

City

Boca Raton

State
FL

Zip Code
33431

600003171736-4

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****200.00 ****200.00

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

REGISTERED AGENT MUST SIGN

Date 2/25/00

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	Boca-SJA, Inc.	2255 Glades Rd., Ste. 411-E	Boca Raton, FL 33431

DB 3-16-00

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

By: E. Hal Dickson
E. Hal Dickson, President

Date 2-4-00

Daytime Phone # 561-994-2212

Typed or printed name of signing Managing Member/Manager