

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 12 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000005939

1. Corporation Name

BOULEVARD COMMERCE PARK ASSOCIATION, INC.

3351 NW Boca Raton Blvd.

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2. Principal Office Address

3351 NW Boca Raton Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

3351 NW Boca Raton Blvd.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33431

Country

USA

Zip

33431

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

July 14, 2003

5. FEI Number

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

Simbabear, LLC

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

3351 NW Boca Raton Blvd.

Suite, Apt. #, Etc.

City

Boca Raton,

State

FL

Zip Code

33431

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

Date 11-10-04

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
P/D/T	Allen H. Libow	3351 NW Boca Raton Blvd.	Boca Raton, FL 33431
V/D/S	Steve Straus	3299 NW Boca Raton Blvd.	Boca Raton, FL 33431
D	Kenneth Carman	3335 NW Boca Raton Blvd.	Boca Raton, FL 33431

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

Date

11-10-04

Daytime Phone #

561
36179300

CP2E081 (01/04)