

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 12 AM 7:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N25868

1. Corporation Name

Boca Raton Round Table, Inc.

2. Principal Office Address - No P.O. Box #

C/O Susan Wood

3. Mailing Office Address

c/o Susan Wood

Suite, Apt. #, etc **2-2A**

11811 Avenue of the PGA

Suite, Apt. #, etc **2-2A**

11811 Avenue of the PGA

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

Zip **33418**

Country

Palm Beach

Zip

33418

Country

Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

4/12/1988

5. FEI Number

65-0045868

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

Susan Wood

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

2-2 A 11811 Avenue of the PGA

Suite, Apt. #, Etc.

City

Palm Beach Gardens,

State

FL

Zip Code

33418

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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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 **1/28/2010**

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
Pres.	Paul Carman	500 N.E. Spanish River Blvd. Suite 107	Boca Raton, FL 33431
Treasurer	Richard J. Gray	2400 Presidential Way PH4	West Palm Beach, FL 33401
Director	Dr. Charles Goby	Central Animal Hospital 73 S.W. First Ave.	Boca Raton, FL 33432

10. E-mail Address: **susan.wood @ comcast.net**

(To be used for future annual report notification)

11. 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. I further certify, 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:

Richard J. Gray Treasurer
Richard J. Gray 1/30/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #