

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**

900163533459  
12/14/09 - 01003 - 016 3500  
CR2E081 (11/09)

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

X 2/15

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:

*[Signatures of Paul Carman, Richard J. Gray, and Susan Wood]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #