

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

CORPORATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 10 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P00000008856

PERIOD 2002

1. Corporation Name

BOCA BRIDAL, INC

2. Principal Office Address

3350 W HILSBORO BLVD.

Suite, Apt. #, etc.

3350

City & State

DEERFIELD BCH, FLORIDA

Zip

Country

33442

USA

3. Mailing Office Address

3350 W HILSBORO BLVD.

Suite, Apt. #, etc.

3350

City & State

DEERFIELD BCH, FLORIDA

Zip

Country

33442

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1/20/2000

5. FEI Number

65-1119714

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

BAVAR REZA

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

3350 W HILSBORO BLVD.

Suite, Apt. #, Etc.

3350

City

DEERFIELD BEACH

State Zip Code

FL

33442

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

REGISTERED AGENT MUST SIGN

Date

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 / Street / Zip

PD

BAVAR, REZA

3350 W. HILSBORO BLVD.

DEERFIELD BCH, FLORIDA 33442

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

12/2/2002

Date

954-698-5117

Daytime Phone #

12/11

**KATTOURA & ASSOCIATES, INC.**  
ACCOUNTING, BOOKKEEPING & TAX SERVICES

One S. Ocean Blvd. #315  
Boca Raton, Fl. 33432  
TEL: (561) 362-0491

P.O. Box 728  
Boca Raton, Fl. 33429  
FAX: (561) 394-5134

National Society of Tax Professional

December 5, 2002

Division of Corporation  
P.O. Box 6327  
Tallahassee, Fl 32314

**Ref: Boca Bridal, Inc**  
**Annual Report P00000008856**

The Above referenced Corporation has received any notice before at all. . We are enclosing a Report and a check in the amount of \$150,00 for 2002. Please accept this annual report as reinstatement.

Although we would like to verify our correct **FEI NUMBER 65-1119714** and our address Currently is the right one as we show in the annual report form.

Should you require any assistance, please do not hesitate to contact us.

Sincerely,

  
Andre K Kattoura