

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **80000053188**

1. Corporation Name

Boca Isle Foods, Inc.

2. Principal Office Address

1000 E. RAILROAD AV

Suite, Apt. #, etc.

City & State

BOCA GRANDE, FL

Zip
33921

Country

US

3. Mailing Office Address

P.O. Box 869

Suite, Apt. #, etc.

City & State

BOCA GRANDE, FL

Zip
33921

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

6-1-2000

5. FEI Number

65-1012579

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

NANCY L. RAFFA-SODEL

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

1000 E. RAILROAD AVENUE

Suite, Apt. #, Etc.

PO BOX 869

City

BOCA GRANDE

State

FL

Zip Code

33921

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

Nancy Raffa-Sodel
REGISTERED AGENT MUST SIGN

Date **11-16-2002**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	NANCY RAFFA-SODEL	AS ABOVE	
V.P.	JANET-L. RAFFA	1720 SW 9th ST	BOCA RATON, FL-33486
SEC	DOROTHY SAUNDERS	170 CYPRESS CL DR #703	POMPANO BEACH, FL 33060

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)(f), 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:

Nancy Raffa-Sodel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-16-02 941-416-1100

Date

Daytime Phone #

FILED

03 JAN 27 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200009240092
01/28/03--01061--023 **300.00

200009240092
11/27/02--01054--010 **150.00

Wills, Trusts &
Estate Planning
Estate Administration
Corporation &
Business Law

Law Offices
ANDREW J. BRITTON, P.A.
151 Center Road
Venice, FL 34292

Telephone
(941) 408-8008
Telecopier
(941) 408-0722

November 19, 2002

Corporate Reinstatement Section
Division of Corporations, Department of State
Post Office Box 1500
Tallahassee, Florida 32314

Re: Boca Isle Foods, Inc.
FEI No. 65-1012579

Dear Sir:

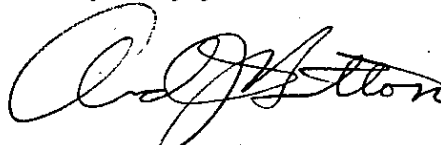
I represent the above corporation, which was incorporated on June 1, 2000.

The principal did not receive the 2002 Uniform Business Report since the post office no longer delivers mail to the street address listed as the physical address of the corporation. We are requesting that the reinstatement fee be waived.

Enclosed is a completed Corporation Reinstatement, together with a check for \$150.00 for the annual filing fee.

Thank you for your assistance in this matter.

Very truly yours,



Andrew J. Britton

AJB/ak

Enclosure

cc: Nancy Raffa-Sodel
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