

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 FEB 12 AM 8:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **001000037177**

1. Corporation Name

CRUISE CONCEPTS OF BOCA RATON, INC.

2. Principal Office Address

1887 W. State Road 84

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33315

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

4/12/2001

5. FEI Number

65-1097833

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

Gregg E. Nicholls

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

1900 NW Corporate Blvd., #400E

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

REGISTERED AGENT MUST SIGN

Date **2/10/03**

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	Evan Axelrod	86 Annandale Road	Commack, NY 11725
VP	Peggy Axelrod	86 Annandale Road	Commack, NY 11725
T	Gregg Nicholls	1900 NW Corporate Blvd., #400E	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

**2/10/03**

Daytime Phone #

CR2E081 (10/02)

2/21/03

**FRANKLIN & NICHOLLS, C.P.A.'S, L.L.C.**  
CERTIFIED PUBLIC ACCOUNTANTS

1900 NW CORPORATE BLVD., SUITE 400 EAST  
BOCA RATON, FLORIDA 33431  
(561) 988-2512 Fax: (561) 988-2513

**ROBERT M. FRANKLIN, C.P.A., P.A.**

**GREGG E. NICHOLLS, C.P.A., P.A.**

February 10, 2003

Secretary of State  
Department of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

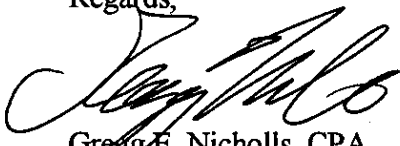
RE: Cruise Concepts of Boca Raton, Inc.

Department of Reinstatement

Attached please find the reinstatement form for the above referenced corporation. Also attached is a check in the amount of \$308.75 for the appropriate fees.

If there is anything further needed, please call me at (561) 988-2512.

Regards,



Gregg E. Nicholls, CPA  
GEN:ap