

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 18, 2004 8:00 A.M.
Secretary of State

DOCUMENT # **P01000089658**

1. Corporation Name

BOCA OIL, INC.

REINSTATEMENT 03-04

2. Principal Office Address
360 EAST ROYAL PALM

3. Mailing Office Address
360 EAST ROYAL PALM

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

Zip Country
33432 U.S.A

Zip Country
33432 USA

600040286216
08/18/04--01029--002 **908.75

4. Date Incorporated or Qualified
To Do Business in Florida **9-10-2001**

5. FEI Number **65-1135705**
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

MICHAEL MCGOXY

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

639 EAST OCEAN AVE.

Suite, Apt. #, Etc.

Suite 101

City

BOYNTON BEACH

State
FL

Zip Code
33435

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

M McGoxy

Date **8/12/04**

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
President	PANAGIOTIS KASDAS	360 EAST ROYAL PALM	BOCA RATON, FL, 33432

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:

P Kasdas

PANAGIOTIS KASDAS, 8/12/04 (561) 339-8813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)