

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -6 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO2000007729

1. Corporation Name

BOKSA ENTERPRISES, INC.

2. Principal Office Address

924 N. Wolcott Ave.

Suite, Apt. #, etc.

Unit #2

City & State

Chicago, IL

Zip

60622

Country

U.S.A.

3. Mailing Office Address

924 N. Wolcott Ave.

Suite, Apt. #, etc.

Unit #2

City & State

Chicago, IL

Zip

60622

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

Feb. 2002

5. FEI Number

010589643

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

TIMOTHY R. BOKSA

800035721228
05/06/04--01067--008 **300.00

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

1975 E. Sunrise Boulevard

Suite, Apt. #, Etc.

Suite 522

City

Ft. Lauderdale, FL

State
FL

Zip Code

33304

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

Timothy R. Boksa

REGISTERED AGENT MUST SIGN

Date 29 Apr. 04

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
<u>C.E.O.</u>	<u>TIMOTHY R. BOKSA</u>	<u>#2-924 N. Wolcott Ave.</u>	<u>Chicago, IL 60622</u>

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:

Timothy R. Boksa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 Apr. 04

Date

(847) 337-4154

Daytime Phone #

Payer

April 29, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Corporation Reinstatement

Dear Secretary Of State:

Please accept the attached check for \$300.00, \$150.00 for 2003 and \$150.00 for 2004 to reinstate Boksa Enterprises, Inc.

Due to working overseas the last two years, I never received any correspondence requesting the reinstatement fees. My accountant can verify this:

Eric Yankwitt
ADVISORY TAX SERVICE, INC.
1975 E. Sunrise Boulevard, Suite 522
Ft. Lauderdale, Florida 33304
Tel: 954-763-2829
Fax: 954-763-2825
E-Mail: info@mytaxguru.com

If you require any additional information please feel free to contact me. My contact information is below:

Timothy R. Boksa
3750 N. Wolcott Ave.
Unit # 2
Chicago, Illinois 60622
847-337-4154
t_boksa@hotmail.com

Sincerely:

Timothy R. Boksa

Timothy R. Boksa
President - Boksa Enterprises, Inc.