

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 28 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000112921**

1. Corporation Name

**BOCA BABIES.COM, INC.**

Principal Place of Business

2499 GLADES ROAD STE 109  
BOCA RATON FL 33413

Mailing Address

2499 GLADES ROAD STE 109  
BOCA RATON FL 33413

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/18/2002

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 03



300024197423  
10/28/03--01023--019 \*\*150.00

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	JUROVIESKY, KIMBERLY	2499 GLADES ROAD STE 109	BOCA RATON FL 33413
V	<del>GRALNICK, SARA</del>	<del>2499 GLADES ROAD STE 109</del>	<del>BOCA RATON FL 33413</del> No longer a company
S	BISWAS, KARIN H	2499 GLADES ROAD STE 109	BOCA RATON FL 33413
T	JUROVIESKY, BERNARD	2499 GLADES ROAD STE 109	BOCA RATON FL 33413

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name Kimberly Juroviesky  
Street Address (P.O. Box Number is Not Acceptable)  
2499 Glades Rd  
Suite, Apt. #, Etc.  
Suite 109  
City Boca Raton State FL Zip Code 33431

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/15/03

11. 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

Daytime Phone #

10/15/03 361-361-6507

CR2E040 (7/03)

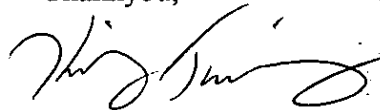


To whom it may concern,

10/15/03

I never received any notice or paperwork concerning filing a business report. This is the first time I have ever had a corporation and had never heard of such a thing. I spoke with the people who filed my corporation for me and they said I was supposed to receive something in the mail. I never did for either corporation. I called your hotline number which said if you did not receive it send in 150\$ which is the regular fee so that is what I have enclosed. I cannot afford anymore than that so if that is not sufficient I will have to close my 2 corporations. This is our first year in business and we are struggling to make it work.

Thankyou,

A handwritten signature in cursive script, appearing to read 'Kimberly Juroviesky', written in dark ink.

Kimberly Juroviesky