

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hoqd

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 22 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000129744

1. Corporation Name

BOJA INC

Principal Place of Business

19285 NW 14TH ST.
PEMBROKE PINES FL 33029
US

Mailing Address

19285 NW 14TH ST.
PEMBROKE PINES FL 33029
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

11345, STIRLING RD

Suite, Apt. #, etc.

City & State

COOPER CITY, FLA

City & State

Zip

33026

Country

U.S

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/2002

5. FEI Number

47-0900470

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
	ARIF NAVEED (PRESIDENT)	19285 N.W. 14TH ST.	PEMBROKE PINES, FL 33029

200023767602

10/19/03--01100--016 **158.75

8. Name and Address of Current Registered Agent

NAVEED, ARIF
12351 NW 18 TH STREET
PEMBROKE PINES FL 33026

9. Name and Address of New Registered Agent

Name

NAVEED ARIF

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

19285 NW 14TH STREET

Suite, Apt. #, Etc.

PEMBROKE PINES

City

PEMBROKE PINES

State

FL

Zip Code

33029

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

NAVEED ARIF
REGISTERED AGENT MUST SIGN

Date 10/10/03

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:

NAVEED ARIF
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/03 954-431-7220

Date

Daytime Phone #

CR2ED40 (7/03)

19285 N.W. 14th St
Pembroke Pines, FL 33029
October 10, 2003

Dear Sir/Madam,

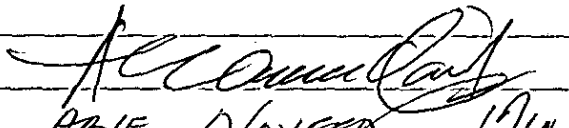
I did not receive a renewal notice for my corporation in the name of "BOTA INC".

I was quite surprised when I received a cancellation notice today.

Please waive whatever fees that may have occurred.

Thanking you in advance.

Sincerely,


ARIF NAVEED 10/10
PRESIDENT