

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000046057

1. Entity Name
BOCA RESCREENING, INC.



FILED

06 DEC 21 AM 7:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
802 NORTH DIXIE HIGHWAY
BOCA RATON, FL 33432

Mailing Address
802 NORTH DIXIE HIGHWAY
BOCA RATON, FL 33432

2. Principal Place of Business
11221 MALAYAN ST.
Suite, Apt. #, etc.

3. Mailing Address
11221 MALAYAN ST
Suite, Apt. #, etc.



12182006 REIN-P CR2E098 (11/06) 676

City & State
BOCA RATON, FL.
Zip
33428
Country
U.S.

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BOCA RATON, FL.
Zip
33428
Country
U.S.

4. FEI Number
20-3585327

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAM GREENE ASSOCIATES, PA
2300 W SAMPLE RD
#104
POMPANO BEACH, FL 33073

7. Name and Address of New Registered Agent

Name
Dylan Quinn Rand
Street Address (P.O. Box Number is Not Acceptable)

11221 MALAYAN ST.
City
BOCA RATON FL Zip Code
33428

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
RAND, DYLAN
11221 MALAYAN ST.
BOCA RATON, FL 33428 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
RAND, LORRAINE
11221 MALAYAN ST.
BOCA RATON, FL 33428 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
000082708290
12/21/06--01029--013 **158.75

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/06 (561) 674 2350
Date Daytime Phone #