

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P12000094122

Entity Name: FWBOCA, INC

**FILED**  
**Nov 11, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

5755 NE VERDE CIRCLE  
BOCA RATON, FL 33487 US

**New Principal Place of Business:**

**Current Mailing Address:**

4001 N OCEAN BLVD  
B601  
BOCA RATON, FL 33431

**New Mailing Address:**

FEI Number: 46-1370086

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOOLARD, JAMES J  
4001 N OCEAN BLVD  
B601  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: JAMES WOOLARD

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WOOLARD, DEVON A  
Address: 4001 N OCEAN BLVD, B601  
City-St-Zip: BOCA RATON, FL 33431

Title: VP  
Name: WOOLARD, BROOKE E  
Address: 4001 N OCEAN BLVD, B601  
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES WOOLARD

P

11/11/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date