

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 JAN 17 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000052358**

1. Corporation Name

RNS OF BOCA RATON, INC.
Dlx Party Perfect

Principal Place of Business

Mailing Address

**8182 GLADES ROAD
BOCA RATON FL 33434
US**

**22544 BLUE FIN TRAIL
BOCA RATON FL 33428**



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

4. Date Incorporated or Qualified
To Do Business in Florida

07/27/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8182 Glades Road

5. FEI Number

65-0435915

Applied For

City & State

City & State

Boca Raton FL

Not Applicable

Zip

Country

Zip

Country

33434

USA

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
VS	NEWMAN, SCOTT H	22544 BLUE FIN TRAIL	BOCA RATON FL
CPT	NEWMAN, ROBIN	22544 BLUE FIN TRAIL	BOCA RATON FL
V	ANDERSON, THERESA	22053 FLANDERS CART	BOCA RATON FL

**900002064989--4
-01/22/97--01145--001
375.00**

REINSTATEMENT

G. Alan

1/17/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**NEWMAN, ROBIN
22544 BLUE FIN TRAIL
BOCA RATON FL 33428**

Name

SCOTT NEWMAN

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

9076 E SW 21st Court

Suite, Apt. #, Etc.

BOCA RATON FL

City

BOCA RATON

State

FL

Zip Code

33428

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.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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] **SCOTT NEWMAN**

Date

Daytime Phone #

**(407)
477-1331**

CR2E040 (7/96)