

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # P94000044644

1. Corporation Name

BocaBook, Inc

2. Principal Office Address

Same as Agent #7.

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

2 CHEDINGTON PLACE

Suite, Apt. #, etc.

City & State

TORONTO ON

Zip

M4M 3R5

Country

CANADA

03 JUL 25 AM 7:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500021763325  
07/24/03--01042--013 \*\*300.00

500021763325  
07/24/03--01042--012 \*\*600.00

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0500708

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BRUCE ROSENTHAL

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

33 S.W. 4TH STREET

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33432

**REINSTATEMENT 02-03**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

7-20-03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.T.S.	<u>YEITA BREGMAN</u>	<u>7930 WILLOWHURD WAY</u>	<u>BOCA RATON, FL 33496</u>

10. 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:

YEITA BREGMAN May 21/03 4164838688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)