

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 MAR 5 AM 5:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000051635

1. Corporation Name

TAX ADVICE OF BOCA RATON, INC

REINSTATEMENT 1995-08

2. Principal Office Address - No P.O. Box #

2600 N MILITARY TRAIL

Suite, Apt. #, etc.

SUITE 230

City & State

BOCA RATON, FL

Zip

33431

Country

USA

3. Mailing Office Address

2600 N MILITARY TRAIL

Suite, Apt. #, etc.

SUITE 230

City & State

BOCA RATON, FL

Zip

33431

Country

USA

CR2E081 (12/07)

PC 3/13

4. Date Incorporated or Qualified  
To Do Business in Florida

07/08/1994

5. FEI Number

65-0511301

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

VICTOR LERRO

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

2600 N MILITARY TRAIL

Suite, Apt. #, Etc.

SUITE 230

City

BOCA RATON

State

FL

Zip Code

33431

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

2/24/08

**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
PDT	Victor Lerro	2600 N Military Trail	Boca Raton, FL 33431

700119481257  
03/05/08--01037--019 \*\*2700.00

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 contained in Chapter 119, 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:

Victor Lerro, President

2/24/2008

561-392-8612

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #