PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 MAY 24 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2000-01 UBR

DOCUMENT # P94000053275

1. Corporation Name

BOCA-SJA, INC.

2. Principal Office Address		**3.** Mailing Office Address	
7280 West Palmetto Park Road		c/o William S. Kramer, Abrams Anton P.A.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 303		2255 Glades Road, Suite 411-E	
City & State		City & State	
Boca Raton, FL		Boca Raton, FL	
Zip	Country	Zip	Country
33433	USA	33431	USA

4. Date Incorporated or Qualified To Do Business in Florida 07/15/94

5. FEI Number 65-0521462 ☐ 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
William S. Kramer

Street Address (P.O. Box Number is Not Acceptable)
2255 Glades Road

500004421385--3
05/14/01--01129--005
****300.00 ****300.00

Suite, Apt. #, Etc.
Suite 411-E

City	State	Zip Code
Boca Raton	FL	33431

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 _____ Date 5/23/01

REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
President	E. Hal Dickson	7280 West Palmetto Park Road Suite 303	Boca Raton, FL 33433
Vice-Pres.	George Burmeister	7280 West Palmetto Park Road Suite 303	Boca Raton, FL 33433
Sec./Treas.	William A. Hoffman	7280 West Palmetto Park Road Suite 303	Boca Raton, FL 33433

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: George Burmeister 5/23/01 561 447-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #