
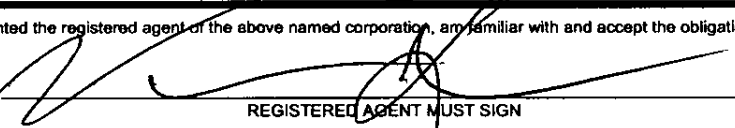
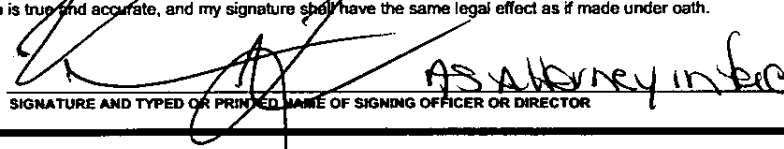


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
|---|-----------------------------------|---|--------------------------|
| DOCUMENT # P94000057005 | | | |
| 1. Corporation Name PNR of Boca Raton, Inc | | | |
| 2. Principal Office Address 502 W. Gardenia Ct | | 3. Mailing Office Address (Same) | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Deerfield Beach FL | | City & State (Same) | |
| Zip 33442 | Country USA | Zip | Country |
| Date Incorporated or Qualified To Do Business in Florida 8/1/94 | | 5. FEI Number 65-0510574 | |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> | | Additional Fee required for a Certificate of Status \$0.75 | |
| 7. Name and Address of Current Registered Agent | | | |
| Name C. Vincent LoCurto, Esq. | | | |
| Street Address (P.O. Box Number is Not Acceptable) 2921 SE 15th St | | | |
| Suite, Apt. #, Etc. | | | |
| City Pompano Beach | | State FL | Zip Code 33062 |
| 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 10/11/05 | |
| REGISTERED AGENT MUST SIGN | | | |
| 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 | James M. Robinson | 502 W. Gardenia Ct | Deerfield Bch 33442 |
| S | Michelle Robinson | " " | " " |
| VP | Michael Tibero | 9 Bristol Hill Rd | Windham N.H. 03087 |
| T | Georgianna Tibero | " " | " " |
| 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:  | | Date 10/11/05 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # 954 465 8891 | |