

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

04 APR 28 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-04

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PA4000063950**

1. Corporation Name
BUNJEEZ OF BOCA, INC.

2. Principal Office Address 5355 TOWN CENTER RD		3. Mailing Office Address P.O. BOX 665	
Suite, Apt. #, etc. SUITE 801		Suite, Apt. #, etc.	
City & State BOCA RATON, FL		City & State BINGHAM, MAINE	
Zip 33486	Country USA	Zip 04920	Country USA

4. Date incorporated or Qualified To Do Business in Florida **08/03/1994**

5. FEI Number **05-0531037**

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 **ANDREW R. FRIEDMAN**


Street Address (P.O. Box Number is Not Acceptable) **5355 TOWN CENTER ROAD**

Suite, Apt. #, Etc. **801**

City **BOCA RATON**

State **FL** Zip Code **33486**

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 

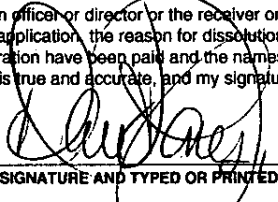
REGISTERED AGENT MUST SIGN

Date **01/08/04**

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
AST	DAVID JONES	5355 TOWN CENTER RD, #801	BOCA RATON, FL 33486
VPSD	ANDREW R. FRIEDMAN	5355 TOWN CENTER RD, #801	BOCA RATON, FL 33486
P	DAVID JONES	5355 TOWN CENTER RD, #801	BOCA RATON, FL 33486

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:  **DAVID JONES, PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **01/08/04** Daytime Phone # **201-797-5631**

CR2E081 (01/04)

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