

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 28 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA4000063950**

1. Corporation Name

BUNJEEZ OF BOCA, INC.

REINSTATEMENT 02-04

2. Principal Office Address

5355 TOWN CENTER RD

Suite, Apt. #, etc.

SUITE 801

City & State

BOCA RATON, FL

Zip

33486

Country

USA

3. Mailing Office Address

P.O. BOX 665

Suite, Apt. #, etc.

City & State

BINGHAM, MAINE

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 |
| VP&D | ANDREW R. FRIEDMAN | 5355 TOWN CENTER RD, #801 | BOCA RATON, FL 33486 |
| P | DAVID JONES | 5355 TOWN CENTER RD, #801 | BOCA RATON, FL 33486 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID JONES, PRESIDENT

Date

01/08/04

Daytime Phone #

201-797-5631

CR2E081 (01/04)