

2005 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Sep 20, 2005
Secretary of State**

DOCUMENT# P94000063950

Entity Name: BUNJEEZ OF BOCA, INC.

Current Principal Place of Business:

5355 TOWN CENTER RD
SUITE 801
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

P O BOX 665
BINGHAM, ME 04920

New Mailing Address:

P O BOX 665
BINGHAM, ME 04920

FEI Number: 65-0531037 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FRIEDMAN, ANDREW R
5355 TOWN CENTER RD
SUITE 801
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DAVID JONES

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: AST () Delete
Name: JONES, NANCY T
Address: 5355 TOWN CENTER RD SUITE 801
City-St-Zip: BOCA RATON, FL

Title: VPSD () Delete
Name: FRIEDMAN, ANDREW R.
Address: 5355 TOWN CENTER ROAD, STE 801
City-St-Zip: BOCA RATON, FL

Title: P () Delete
Name: JONES, DAVID
Address: 5355 TOWN CENTER RD, STE 801
City-St-Zip: BOCA RATON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID JONES

Electronic Signature of Signing Officer or Director

P

09/20/2005

Date