PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #/2/1/ 1. Corporation Name

BOCA INTERNATIONAL

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED 97 SEP 12 PM 12: 56 SECRETARY OF STATE

TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address S. FEDERAL HIGHWAY BOCA RATON, If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable 4. Date Incorporated or Qualified 1101, S. FEDERAL HHY To Do Business in Florida Suite, Apt. #, etc. Suite. Apt. #, etc. 5. FEI Number Applied For 65-0567643 City & State City & State Not Applicable BOCA \$8.75 Additional Fee required Ζip Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) 960L FOX TROFLANG BOCARATON Kin'z F. CHONSAURY WILL-MOHAMMAD.F. MORSHED - 1700-A-LINTON LAKE DRIVE DELLAY BEACH/FLORIDA - 33445
WILL ASMAL 4. CHOWHURY 9602 FOXTROT LANE, BOCA RATON, 200002294482-- -09/16/97--01055--017 ****915.00 ****915 9. Name and Address of New Registered Agent B. Name and Address of Current Registered Agent MOHAMMAD. MORSHED Street Address (P.O. Box Number is Not Acceptable) 1700 - A - LINTON DRIVE Suite, Apt. #, Etc. Zip Code 33445 DELRAY BEACH 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Hylley M REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information Yes X on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. 12. Legrify that Lam 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 path. MOHAMMAD. F. MORSHED