PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 29 PM 4:48

DOCUMENT # **P95000017654**

1. Corporation Name

BOCA MGP CORP.

Principal Place of Business	Mailing Address
~~%WEISSBARTH ALTMAN MICHAELSON~~	~~%WEISSBARTH ALTMAN MICHAELSON~~
~~156 W. 56TH ST., 12TH FLOOR~~	~~156 W. 56TH ST., 12TH FLOOR~~
~~NEW YORK NY 10019~~	~~NEW YORK NY 10019~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT P1

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Norman G. Orodenker, Esq.	Norman G. Orodenker, Esq.
Tillinghast Licht Perkins Smith & Cohen	Tillinghast Licht Perkins Smith & Cohen
Suite, Apt. #, Etc. Orodenker	Suite, Apt. #, Etc.
10 Weybosset Street	10 Weybosset Street
City & State	City & State
Providence, RI	Providence, RI
Zip: 02903 Country: USA	Zip: 02903 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/03/1995

5. FEI Number: 13-3840197 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
~~D~~ P	~~ALTMAN, RONALD~~ Daniel Cohen	~~C/O WAM, 156 W 56 ST., 12 FL~~ One Kenney Drive	~~NEW YORK NY~~ Cranston, RI 02920
~~DPT~~ T	~~MICHAELSON, ROBERT T~~ Douglas Brown	~~C/O WAM, 156 W 56TH ST., 12 FL~~ One Kenney Drive	~~NEW YORK NY~~ Cranston, RI 02920
~~VS~~ S	~~GANG, MARTIN~~ Norman G. Orodenker, Esq.	~~C/O WAM, 156 W 56 ST., 12 FL~~ c/o TLPSC, 10 Weybosset Street	~~NEW YORK NY~~ Providence, RI 02903

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-11/16/01--01056--015
****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~AXELROD, ALAN D~~	Name
~~2500 FIRST UNION FINANCIAL CENTER~~	Street Address (P.O. Box Number is Not Acceptable)
~~MIAMI FL 33131~~	Suite, Apt. #, Etc.
	City / State: FL / Zip Code

CR2E040 (8/01)

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: Alan D. Axelrod Date: 10/24/01
REGISTERED AGENT MUST SIGN

11. 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: Boca MGP Corp. By: Norman G. Orodenker 10/26/01 401-456-1200 ext. 333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Norman G. Orodenker, Secretary