

APPLICATION
 FOR
 REINSTATEMENT
 
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

1. Corporation Name

Principal Place of Business	Mailing Address
1600 NW BOCA RATON BLVD 1118 15 BOCA RATON FL 33432	1600 NW BOCA RATON BLVD 1118 15 BOCA RATON FL 33432

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite. Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zio

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/15/1995

5. FEI Number

65-0589332

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PRVP	NEGRI, SAM	20088 PALM ISLAND DR	BOCA RATON FL 33498
			800004559868--9 -08/28/01--01053--005 ****900.00 ****900.00
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NEGRI, SAM
20088 PALM ISLAND DRIVE
BOCA RATON FL 33498

Name Neari Sam

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City Boca Raton

State
FI

Zip Code

33432

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date:

10/24/0.

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

0879