

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 23 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000048326

1. Corporation Name

BOYNTON 433, Inc

2. Principal Office Address

1949 Sansbury's Way

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33411

Country

Palm Beach

3. Mailing Office Address

1949 Sansbury's Way

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33411

Country

Palm Beach

REINSTATEMENT

00-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

1995

5. FEI Number

65-00596671

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

Richard M. Crooks

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

1949 Sansbury's Way

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33411

680004275696-9
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****900.00 ****900.00

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**

Date

4-20-2001

REGISTERED AGENT MUST SIGN

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

P

Richard M. Crooks

1949 Sansbury's Way

West Palm Beach, FL
33411

LS

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, 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

Date

4-20-2001 312-0490

Daytime Phone #

CR2E081 (9/00)