

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



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

FILED

01 DEC 14 PM 2:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P95000054416

**1. Corporation Name**

Sales Consultants of Boca Raton, Inc.

**2. Principal Office Address**

4800 N. Federal Hwy

Suite, Apt. #, etc.

104D

City & State

Boca Raton, FL 33431

Zip

Country

**3. Mailing Office Address**

4800 N. Federal Hwy

Suite, Apt. #, etc.

104D

City & State

Boca Raton, FL 33431

Zip

Country

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

07/10/1995

**5. FEI Number**

65-0593459

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

Juergen E. Buller

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

571 Silver Lane

Suite, Apt. #, Etc.

City

Boca Raton, FL 33432

State

FL

Zip Code

33432

**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

REGISTERED AGENT MUST SIGN

Date

12/11/01

**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
PSD	Cynthia K. Buller	571 Silver Lane	Boca Raton, FL 33432
VPTD	Juergen E. Buller	571 Silver Lane	Boca Raton, FL 33432

**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, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

561-393-9998

Daytime Phone #



• Sales Consultants\* of Boca Raton

4800 N Federal Hwy, Bld D, Ste 104  
Boca Raton, FL 33431  
(561) 393-9998  
FAX (561) 393-9984  
[www.scboca.com](http://www.scboca.com)

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Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

December 11<sup>th</sup>, 2001

Dear Sirs:

It has come to my attention than your records report our company as desolved. In speaking with your representative, it appears that the previous forms were returned due to a mailing address error which is substantiated by the information found on [www.sunbiz.org](http://www.sunbiz.org).

Attached please find your corporate reinstatement form and our check for \$300.00 to bring our filings up to date.

Thank you for your assistance.

Juergen E. Buller

Managing Partner