PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 97 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 OCT 21 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000056021

1. Corporation Name

BOCA, INC.

Principal Place of Business	Mailing Address
~~1550 N. Powerline Road~~ ~~Pompano Beach, FL 33069~~	~~1550 N. Powerline Road~~ ~~Pompano Beach, FL 33069~~

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
1911 N.W. 15th St.	1911 N.W. 15th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Pompano Beach, Florida	Pompano Beach, Florida
Zip 33069 / Country U.S.A.	Zip 33069 / Country U.S.A.

4. Date Incorporated or Qualified To Do Business In Florida: 7/18/95

5. FEI Number: 65-06623031 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
S	Steven Wasserman	20th Floor One Cleveland Center	Cleveland, OH 44114

700002327287--8
-10/22/97--01103--003
****750.00 ****750.00

REINSTATEMENT 1997

a. alan
10/21/97

8. Name and Address of Current Registered Agent

Sidney Dworkin
~~1550 N. Powerline Road~~
Pompano Beach, Florida 33069

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1911 N.W. 15th Street

Suite, Apt. #, Etc.

City: Pompano Beach | State: FL | Zip Code: 33069

CR2E040 (12/96)

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: Sidney Dworkin — REGISTERED AGENT MUST SIGN — Date: 10/17/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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: _____ 10/20/97 (216) 696-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #