


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

FILED

00 AUG 11 AM 8:10

SECRETARY OF STATE
TALLAHASSEE FLORIDADOCUMENT # **PA500002848**1. Corporation Name **BOCA'S BEST LOCKSMITH, INC.**

W-17797

2. Principal Office Address

10343 Coventry Court

Suite, Apt. #, etc.

3. Mailing Office Address

**40 Larry Winocoor
10343 Coventry Court**

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33428

Country

Palm Beach

Zip

33428

Country

Palm Beach4. Date Incorporated or Qualified
To Do Business in Florida**8-14-95**

5. FEI Number

65-0600872

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

Larry Winocoor

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

10343 Coventry Court

Suite, Apt. #, Etc.

City

Boca Raton

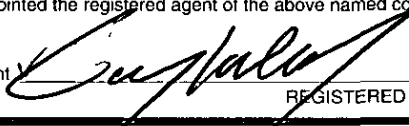
State

FL

Zip Code

33428

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 **8/6/00**

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
President Secy	Larry Winocoor	10343 Coventry Court	Boca Raton, FL 33428

KE

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

Larry Winocoor

Date

8/6/00

Daytime Phone #

4871336