PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
97 OCT -3 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000066336

1. Corporation Name
BOCA CASINO CRUISES, INC.

Principal Place of Business / Mailing Address

REINSTATEMENT 97
DO NOT WRITE IN THIS SPACE

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

2. New Principal Office Address, If Applicable
101 N. RIVERSIDE DR.
Suite, Apt. #, etc.
SUITE 210
City & State
POMPANO BEACH, FL.
Zip 33062 Country BROWARD

3. New Mailing Address, If Applicable
← SAME
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
8/28/95

5. FEI Number
65-0616327
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required for a Certified Statement 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	JOSEPH R. POLIOOME	4854 ROTHSCHILD DR.	CORAL SPRINGS, FL. 33067
S	GLENN G. KOLK	520 BRICKELL KEY DR SUITE #1606	MIAMI, FL. 33131

500002813255--3
10/06/97--01169--001
******8.75 ******8.75
500002813255--3
-10/06/97--01169--002
****750.00 ****750.00

8. Name and Address of Current Registered Agent
GLENN G. KOLK
520 BRICKELL KEY DR. SUITE #1606
MIAMI, FL. 33131

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State FL Zip Code

(SEE INSTRUCTIONS)

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 Glenn G. Kolk REGISTERED AGENT MUST SIGN Date 10-2-97

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: JOSEPH R. POLIOOME 954 343 7447