

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DO NOT WRITE IN THIS SPACE

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 OCT 30 AM 9:37

Read Instructions on Other Side Before Making Entries
This Form is Available to Department of State

Name and Mailing Address of Corporation: DOCUMENT # P96000011563

S W 18th BOCA CORP.
6006 S.W. 18th Street
Boca Raton, Fl. 33433

2. If Address in Block 1 is incorrect in any way, enter the correct address below: LAHASSEE FLORIDA

Address 10739 N.W. 51st Street

City and State Zip Code Coral Springs, Fl. 33076

3. If Principle Office Address is different from mailing address, enter address below:

Address Same as Above

City and State Zip Code

REINSTATEMENT

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Date Incorporated or Qualified To Do Business in Florida 02/06/1996

5. FEI Number 65-0638886

FEI Number Applied For
FEI Number Not Applicable

6. \$8.75 Additional Fee required for a Certificate of Status
CERTIFICATE OF STATUS DESIRED

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: PD, Sandy Levy, 10739 N.W. 51st St., Coral Springs, Fl. 33076.

600003469316-2
-11/17/00--01095--014
***750.00 ***750.00

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Giorgio Dal Bon
3587 Cocoplum Circle
Coconut Creek, Florida 33063

9. If changed, new registered agent / office

Name Sandy Levy
Street Address (Do NOT Use P.O. Box Number) 10739 N.W. 51st Street
Street Address (Do NOT Use P.O. Box Number)
City Coral Springs State FL Zip 33076

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 Agent [Signature] Date 10/26/00
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box [] (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes: Yes [X] No [] (See other side for information on intangible tax.) KE

13. 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 of Officer or Director [Signature] Date 10/26/00 Daytime Phone # (954) 345-3445
Typed or printed name of signing officer or director Sandy R. Levy, Pres.

CR2E040 (8/92)