

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000013446

Entity Name: NORSAN OF BOCA, INC.

FILED
Oct 21, 2004
Secretary of State

Current Principal Place of Business:

9101 LAKERIDGE BLVD
BOCA RATON, FL 33496

New Principal Place of Business:

Current Mailing Address:

9101 LAKERIDGE BLVD
SUITE 1
BOCA RATON, FL 33496

New Mailing Address:

FEI Number: 65-0647467

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SESKIN, BRIAN
17032 NORTHWAY CIRCLE
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

SESKIN, BRIAN
18070 CLEAR BROOK CIRCLE
BOCA RATON, FL 33498 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SANFORD SESKIN

10/21/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SESKIN, SANFORD
Address: 17032 NORTHWAY CIRCLE
City-St-Zip: BOCA RATON, FL 33496

Title: V () Delete
Name: SESKIN, BRIAN
Address: 17032 NORTHWAY CIRCLE
City-St-Zip: BOCA RATON, FL 33496

Title: ST () Delete
Name: SESKIN, NOREEN
Address: 17032 NORTHWAY CIRCLE
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SESKIN, SANFORD
Address: 15929 DOUBLE EAGLE TRAIL
City-St-Zip: DELRAY, FL 33446

Title: V (X) Change () Addition
Name: SESKIN, BRIAN
Address: 18070 CLEAR BROOK CIRCLE
City-St-Zip: BOCA RATON, FL 33498

Title: ST (X) Change () Addition
Name: SESKIN, NOREEN
Address: 15929 DOUBLE EAGLE TRAIL
City-St-Zip: DELRAY, FL 33446

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANFORD SESKIN

P

10/21/2004

Electronic Signature of Signing Officer or Director

Date