2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000013446

City-St-Zip:

DELRAY, FL 33446

FILED Oct 05, 2005 Secretary of State

Entity Name: NORSAN OF BOCA, INC. **Current Principal Place of Business: New Principal Place of Business:** 9101 LAKERIDGE BLVD BOCA RATON, FL 33496 **Current Mailing Address: New Mailing Address:** 9101 LAKERIDGE BLVD SUITE 1 BOCA RATON, FL 33496 FEI Number: 65-0647467 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SESKIN, BRIAN SESKIN, BRIAN 18070 CLEAR BROOK CIRCLE 9101 LAKERIDGE BLVD BOCA RATON, FL 33498 SUITE 1 BOCA RATON, FL 33496 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: BRIAN SESKIN 10/05/2005 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition SESKIN, SANFORD Name: Name: 15929 DOUBLE EAGLE TRAIL Address: Address: City-St-Zip: DELRAY, FL 33446 City-St-Zip: Title: Title: () Delete (X) Change () Addition SESKIN, BRIAN Name: SESKIN, BRIAN Name: 18070 CLEAR BROOK CIRCLE 11325 SEAGRASS CIRCLE Address: Address: BOCA RATON, FL 33498 BOCA RATON, FL 33496 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition SESKIN, NOREEN Name: Name: 15929 DOUBLE EAGLE TRAIL Address: Address:

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.

City-St-Zip:

SIGNATURE: BRIAN SESKIN V 10/05/2005