

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P96000047483

1. Corporation Name
BOCA YOGA, INC.

Principal Place of Business
23439 MIRABELLA CIRCLE SOUTH
BOCA RATON FL 33433

Mailing Address
23439 MIRABELLA CIRCLE SOUTH
BOCA RATON FL 33433

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

2. New Principal Office Address, If Applicable 450 NE 20th St Suite, Apt. #, etc. # 108 City & State Boca Raton FL Zip 33431 Country USA		3. New Mailing Office Address, If Applicable 450 NE 20th St Suite, Apt. #, etc. # 108 City & State Boca Raton FL Zip 33431 Country USA		4. Date Incorporated or Qualified To Do Business in Florida 05/30/1996	
				5. FEI Number 59-3395511	
				Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	HOWARD, STEPHANIE	815 W BOYNTON BEACH BLVD 805 NW 21st Way	BOYNTON BEACH FL Delray Beach FL
VP	PARKER-KRAUSS, MARTHA	23439 MIRABELLA CR SOUTH	BOCA RATON FL

8. Name and Address of Current Registered Agent

SUGLIO, JAMES ESQ.
1367 LYONS ROAD
COCONUT CREEK FL 33063

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

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

REGISTERED AGENT MUST SIGN

Date

11. 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

10.15.99 561-368-7368
Date Daytime Phone #



Oct. 15. 1999

Dear Florida Department of State,

This letter is in regards to
my application for reinstatement.

Our official place of business:

Boca Yoga
450 NE 20th St #108
Boca Raton FL 33431

For reasons unknown we did
not receive this years application.

Therefore, I am registering late.

Because I am such a small
business and I have always
made by payments on time, I was
hoping this could be waived.

(my late fee)

Sincerely,

Stephanie