

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



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

03 JUN 23 PM 12:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P96000081802

**1. Corporation Name**

Boca Greens Florist, Inc.

200021083042  
06/23/03--01080--014 \*\*908.75

**2. Principal Office Address**

19575-11 State Road 7

**3. Mailing Office Address**

19575-11 State Road 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

Boca Raton, FL

**City & State**

Boca Raton, FL

**Zip**

Country  
USA

**Zip**

33498

**Country**

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

9/30/96

**5. FEI Number**

650696406

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

02-03

**7. Name and Address of Current Registered Agent**

**Name**

Donald S. Roth

**Street Address (P.O. Box Number is Not Acceptable)**

14790 Bonaire Boulevard

Suite, Apt. #, Etc.

**City**

Delray Beach

State  
**FL**

Zip Code  
33446

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

6/18/03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSID	Donald S. Roth	14790 Bonaire Blvd.	Delray Beach, FL 33446

**10. 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:**

Donald Roth DONALD ROTH

6/18/03

561-620-2599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/6/23

# CAPPELLER & BENNETT

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS  
ATTORNEYS AT LAW

350 CAMINO GARDENS BOULEVARD  
SUITE 303

BOCA RATON, FLORIDA 33432

JOHN M. CAPPELLER, JR., P.A.  
GEOFFREY C. BENNETT, P.A.

TELEPHONE 561-620-2599  
FACSIMILE 561-620-2565

June 19, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Boca Greens Florist, Inc.  
Corporation Reinstatement  
FEI #: 650696406**


Dear Sir/Madam:

I enclose my client's fully executed Corporation Reinstatement, along with check number 1973 made payable to the Department of State in the amount of \$908.75 for the reinstatement of the above-referenced corporation and to cover the costs of a Certificate of Good Standing showing that Boca Greens Florist, Inc. is reinstated. Please forward in the enclosed self-addressed stamped envelope.

Should you have any questions, please contact me.

Very truly yours,

**Geoffrey C. Bennett, P.A.**

  
Geoffrey C. Bennett

GCB/kms  
Enclosures: As Noted