

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000086571**

1. Corporation Name
BOCA BARTENDING, INC.

Principal Place of Business
**7000 W. PALMETTO PARK ROAD
BOCA RATON FL 33433**

Mailing Address
**7000 W. PALMETTO PARK ROAD
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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 97-98

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/1996

5. FEI Number

65-0809729

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MANDELL, SIMON	7000 W. PALMETTO PARK ROAD	BOCA RATON FL 33433
D	MANDELL, IAN	7000 W. PALMETTO PARK ROAD	BOCA RATON FL 33433
D	MANDELL, BARBARA	7000 W. PALMETTO PARK ROAD	BOCA RATON FL 33433

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**MANDELL, SIMON
7000 W. PALMETTO PARK ROAD
BOCA RATON FL 33433**

Name

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

900002458959--1

Suite, Apt. #, Etc.

-03/17/98--01025--014

City

***908.

State

FL

Zip Code

***908.75

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

Simone

Date **12/23/97**

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on Intangible tax.)

12. 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:

Simone

Simone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/23/97

Date

561-368-3333

Daytime Phone #