

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 SEP 25 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

DOCUMENT # **P96000086986**

1. Corporation Name

Boxco Industries, Inc.

2. Principal Office Address

780 International

Suite, Apt. #, etc.

Parkway

City & State

Sunrise FL

Zip

33325

Country

USA

3. Mailing Office Address

780 International

Suite, Apt. #, etc.

Parkway

City & State

Sunrise FL

Zip

33325

Country

USA

REINSTATEMENT 2001

4. Date Incorporated or Qualified
To Do Business in Florida

10-21-96

5. FEI Number

65-0710078

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Waldman Feluren + Trigoboff, PA

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

2200N.Commerce Parkway

Suite, Apt. #, Etc.

Suite 202

City

Weston

State

FL

Zip Code

33326

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

Waldman, Pres.

REGISTERED AGENT MUST SIGN

Date

9-24-01

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
D/P	Richard E. Orlan	780 International Pkwy	Sunrise FL 33325
D/S/T	Sharyn R. Orlan	780 International Pkwy	Sunrise FL 33325

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 9-24-01 (954)838 9780

Date

Daytime Phone #

CR2E081 (8/00)