PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 27 PM 7:23

DOCUMENT # **P96000088730**

1. Corporation Name

EXPLORATIONS OF BOCA RATON, INC.

Principal Place of Business	Mailing Address
23078 SANDALFOOT PLAZA 902 CLINT MOORE ROAD, SUITE 136 BOCA RATON FL 33428 US	CONGRESS CORPORATE PLAZA 902 CLINT MOORE ROAD, SUITE 136 BOCA RATON FL 33487

REINSTATEMENT 99

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
902 Clint Moore Rd	
Suite, Apt. #, etc. 136	Suite, Apt. #, etc.
City & State Boca Raton FL.	City & State
Zip 33487 Country USA	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida: 10/28/1996

5. FEI Number: 65-0712902 ☐ 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	4 City / State / Zip
PD	TUCKER, MICHELLE	902 CLINT MOORE ROAD, SUITE 136	BOCA RATON FL 33487

700003035297--8
-11/04/99--01073--001
****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
PERRY, MARK C ESQUIRE 2455 EAST SUNRISE BOULEVARD SUITE 905 FORT LAUDERDALE FL 33304	Name: Michelle Tucker Street Address (P.O. Box Number is Not Acceptable): 902 Clint Moore Rd Suite, Apt. #, Etc.: 136 City: Boca Raton State: FL Zip Code: 33487

CR2E040 (8/99)

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: Michelle Tucker Date: 10-23-99
REGISTERED AGENT MUST SIGN

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: Michelle Tucker 10-23-99 998-2025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AD