

RETURN RECEIPT # 7 093-957-019
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 # P96000092009

1. Corporation Name

BOCA INTERNATIONAL SYMPOSIUM, INC.

FILED
97 DEC 29 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

200 KNUTH ROAD
SUITE 106
BOYNTON BEACH, FL 33436

Mailing Address

200 KNUTH ROAD
SUITE 106
BOYNTON BEACH, FL 33436

REINSTATEMENT

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

4. Date Incorporated or Qualified
To Do Business in Florida

NOVEMBER 6, 1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0793447

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P, D	ROBERT H. MAUTNER	200 KNUTH ROAD, SUITE 106	BOYNTON BEACH, FL 33436

700002386247-0
-12/30/97-01080-009
****750.00 ****750.00

8. Name and Address of Current Registered Agent

GARY E. SUSSER
2755 S. FEDERAL HIGHWAY
BOYNTON BEACH, FL 33435

9. Name and Address of New Registered Agent

Name ROBERT H. MAUTNER
Street Address (P.O. Box Number is Not Acceptable)
200 KNUTH ROAD
Suite, Apt. #, Etc. SUITE 106
City BOYNTON BEACH State FL Zip Code 33436

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

Robert H. Mautner

REGISTERED AGENT MUST SIGN

Date

Dec. 22, 1997

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Robert H. Mautner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT H. MAUTNER

Dec. 22, 1997 (561) 738-
Date Daytime Phone #
9007