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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DO NOT WRITE IN THIS SPACE

APPLICATION  
FOR  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONSRead Instructions on Other Side Before Making Entries  
Make Check Payable To: **Department of State**1. Name and Mailing Address of Corporation: **DOCUMENT # P97000012949****Boca Auction Gallery, Inc.**  
11 S.E. 3rd Street  
Boca Raton, FL 33432

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State

Zip Code

4. Date Incorporated or Qualified  
To Do Business in Florida  
**02/07/1997**5. FEI Number  
**65-0725270**FEI Number Applied For  
FEI Number Not Applicable6. **\$8.75 Additional Fee required  
for a Certificate of Status**  
CERTIFICATE OF STATUS DESIRED ☐

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
P/D	COBOSCO, MICHAEL A.	11 S.E. 3rd Street	Boca Raton, FL 33432

**300002940443--8**  
-07/23/99--01084--019  
\*\*\*\*900.00 \*\*\*\*900.00

## REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

**Roger L. Shaffer**  
2201 Corporate Blvd. Suite 105  
Boca Raton, FL 33431

9. Name

If changed, new registered agent / office

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City

State  
**FL.**

Zip

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*Roger L. Shaffer*

REGISTERED AGENT MUST SIGN

Date

**7-8-99**11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)12. 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.)

13. 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., and that all fees owed by the corporation have been paid. 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 of  
Officer or Director*by: Michael A. Cobosco PRES*Date **07/08/99**Daytime Phone # **(561) 416-0202**

Typed or printed name of signing officer or director

**Michael A. Cobosco**

CR2E040 (8/92)