

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JAN 21 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 097000012949

1. Corporation Name

BOCA AUCTION GALLERY, INC.

2. Principal Office Address

11 S.E. 310 ST.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33432

Country

USA

3. Mailing Office Address

(SAME)

Suite, Apt. #, etc.

City & State

**REINSTATEMENT 02-03**

4. Date Incorporated or Qualified  
To Do Business in Florida

2-7-97

5. FEI Number

65-0725270

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

Phil Croyle, Esq.

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

2500 N. MILITARY TRAIL

Suite, Apt. #, Etc.

SUITE 480

City

BOCA RATON

State

FL

Zip Code

33431

800010198948

01/17/03-01058-013-#988.75

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

Phil J. Croyle REGISTERED AGENT-MUST SIGN

Date 1/14/03

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
<u>P/D</u>	<u>MICHAEL A. COBOSCO</u>	<u>11095 BLUE CORAL DRIVE</u>	<u>BOCA RATON FL 33498</u>
<u>P/D</u>	<u>LOUIS S. WELTMAN</u>	<u>3285 NW 62nd ST</u>	<u>BOCA RATON, FL 33491</u>

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: Michael A. Cobosco PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03

Date

(561) 251-3694

Daytime Phone #

CR2E081 (10/02)

*jr 1/22*