

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUN 24 PM 12:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P 97 0000 80265  
BOCA TROPICS INC.

1. Corporation Name

2. Principal Office Address

3827 W. ATLANTIC AVE

Suite, Apt. #, etc.

City & State

Delray Bch. FL

Zip 33445

Country USA

3. Mailing Office Address

8273 96th Court S.

Suite, Apt. #, etc.

City & State

BOYNTON BCH

Zip 33437

Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

05-0782477

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

RAYMOND STASZAK

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

8273 96th Court South

Suite, Apt. #, Etc.

City

BOYNTON BCH

State

FL

Zip Code

33437

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

4-22-03

**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
P	RAYMOND STASZAK	8273 96th CT. S.	Boynton Bch 33437
V	Catherine Staszak	"	"

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

Date

4-23-03

Daytime Phone #

561 734-9076

CR2E081 (10/02)



# BOCA TROPICS, INC.

LANDSCAPE CONTRACTORS • DESIGN • BUILD • MAINTENANCE • LIGHTING

April 29, 2003

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

To Whom it may Concern,

I'm sending in the re-newal fee the UBR Report. Our company moved last year to a new location. The renewal form was not sent to our new address. Please help us out with this, I had no idea I was supposed to call your office and give our new address. Please take note of our new address which is:

Boca Tropics Inc.  
8273 96th Court South  
Boynton Bch. FL. 334637

Sincerely,

Cathie Staszak  
561-752-5400