192

FILED
SECRETARY OF STATE

**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.**

~~CORPORATION~~ REINSTATEMENT

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

01 DEC -6 PM 5:15

00-01 Sub

DOCUMENT # P97000082302

1. Corporation Name
EXECUTIVE REGISTRY BOCA RATON, INC.
P97000082302

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 7284 W. PALMETTO | 7284 W. PALMETTO |
| Suite, Apt. #, etc. PKRD. STE 103 | Suite, Apt. #, etc. PARK RD STE 103 |
| City & State BOCA RATON, FL | City & State BOCA RATON, FL |
| Zip 33433 Country USA | Zip 33433 Country USA |

4. Date Incorporated or Qualified To Do Business in Florida 9-23-97

5. FEI Number 650785739 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

Suite, Apt. #, Etc.:

City: TALLAHASSEE State: FL Zip Code: 32301

100004725407--6
-12/13/01--01078--030
****300.00 ****300.00

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 _____ Date _____

REGISTERED AGENT MUST SIGN

8. 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 | DIANE V. BEHRMAN | 7284 W. PALMETTO PKRD #103 | BOCA RATON, FL 33433 |
| M | LEIGH BURR | 7284 W. PALMETTO PKRD #103 | BOCA RATON, FL 33433 |
| | | | |
| | | | |
| | | | |
| | | | |

12/12

9. 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] managing DIRECTOR LEIGH BURR 11-7-01 561-362-5252

Executive Registry • boca raton • Inc.

7284 West Palmetto Park Rd. • Suite 103
Boca Raton, FL 33433
561•362•5252
Fax 561•362•5253
Email: eriboca@msn.com

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November 7, 2001

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

Dear Sir or Madam:

I am forwarding the form for corporation reinstatement along with a payment of $300 for the fees of the years 2000 and 2001.

Due to our office move in 1999 we never received our uniform business report information. Please waive any fees that may have occurred because of this.

Thank you for your cooperation,

Leigh Burr

Leigh Burr
Managing Director

[redacted]