

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JUL 27 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000095703**

1. Corporation Name

Darcas Enterprises, Inc.

200004547552--0
-08/21/01--01073--019
***1200.00 ***1200.00

2. Principal Office Address

2255 Glades Road

Suite, Apt. #, etc.

234 West One Boca Place

Boca Raton, Florida

Zip
33431

Country
USA

3. Mailing Office Address

2255 Glades Road

Suite, Apt. #, etc.

234 West One Boca Place

Boca Raton, Florida

Zip
33431

Country
USA

REINSTATEMENT 98-01

4. Date Incorporated or Qualified
To Do Business in Florida

11-03-97

5. FEI Number

☒ 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

Robert J. Bogdanoff

1050.00-Adm

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

2255 Glades Road

61.25-AR

Suite, Apt. #, Etc.

234 West One Boca Place

88.75-AR-uff

City

Boca Raton

State
FL

Zip Code
33431

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

Robert J. Bogdanoff

REGISTERED AGENT MUST SIGN

Date

15 July 2001

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
Pres/Dir	Robert J. Bogdanoff	2255 Glades Road 234 West One Boca Place	Boca Raton, FL 33431

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

Robert J. Bogdanoff

Date

15 July 2001

Daytime Phone #

561-995-9350