

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

991004BR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 20 PM 2:33

DOCUMENT # P97000097639

1. Corporation Name

Boca Management Group, Inc.

2. Principal Office Address

265 Old Hwy 98 E

Suite, Apt. #, etc.

City & State

Destin, Florida

Zip

32550

Country

USA

3. Mailing Office Address

P.O. Box 6142

Suite, Apt. #, etc.

City & State

Destin, Florida

Zip

32550

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

November 13, 199

5. FEI Number

59-3478717

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

Kevin M. Helmich

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

34851 Emerald Coast Parkway

Suite, Apt. #, Etc.

Suite 100

City

Destin

State

FL

Zip Code

32541

800003343858-3

-08/02/00--01049--028

****300.00 ****300.00

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

REGISTERED AGENT MUST SIGN

Date

7-18-00

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
/T/S/D	Bob Canady	P.O. Box 6142	Destin, FL 32550

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:

Bob Canady

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/00

Date

(850) 650-3699

Daytime Phone #

CR2E081 (9/99)

2052

CONERLY & HELMICH, P.L.L.C.

LAMAR CONERLY, JR.*
KEVIN M. HELMICH**
JAY O. BARBER
MARK A. VIOLETTE

POST OFFICE BOX 5499
34851 EMERALD COAST PARKWAY, SUITE 100
DESTIN, FLORIDA 32540--
(850) 837-5118
fax (850) 837-5187

* also admitted in Mississippi
** also admitted in Illinois

July 18, 2000

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

Re: Corporation Reinstatement
Boca Management Group, Inc.
Document # P97000097639

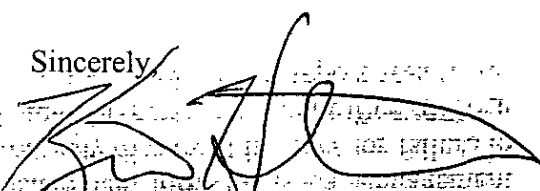
Dear Sir or Madam:

Please find enclosed a completed corporation reinstatement form for Boca Management Group, Inc. Boca Management Group, Inc. was administratively dissolved in 1999 for failure to file their annual report. Prior to the mailings of the 1999 annual reports, the head office of Boca Management Group, Inc. relocated. Due to this relocation, the 1999 annual report was never received.

I telephoned your office to discuss this matter on July 10, 2000. A representative verified that the 1999 annual report was returned to your office as undelivered. The representative further believed that, under the circumstances, a waiver of the reinstatement fees might be granted. Accordingly, a check in the amount of \$300.00 is enclosed to cover the annual report filing fees for 1999 and 2000. We respectfully request that the reinstatement fees be waived.

If you have any questions or comments regarding this matter, please call the undersigned. Your assistance is greatly appreciated.

Sincerely,


Kevin M. Helmich, Esq.

KMH/cmk

Enclosures as stated.