

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P97000106376

Corporation Name

BOTON, INC.

Principal Place of Business

1501 S.E. DECKER AVENUE  
UNIT 105  
STUART FL 34994

Mailing Address

1501 S.E. DECKER AVENUE  
UNIT 105  
STUART FL 34994

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
ip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida **12/18/1997**

5. FEI Number **65-0805327**

6. CERTIFICATE OF STATUS DESIRED I

Applied For  
 Not Applicable

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	MAMIE, ANTHONY L	2017 OAKWATER POINT	PALM CITY FL 34990
SD	WILSON, ROBERT J	2419 S.W. 12TH TERRACE	PALM CITY FL 34990
			400003062264--3 -12/28/99-01070-022 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

MAMIE, ANTHONY L  
1501 S.E. DECKER AVENUE  
UNIT 105  
STUART FL 34994

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code

**FL**

0. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date **10/13/99**

1. 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

**ANTHONY L. MAMIE 10/13/99 561-287-0301**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #