

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

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12/18/1997

5. FEI Number

65-0805327

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED I

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
2		3	4
PD	MAMIE, ANTHONY L	2017 OAKWATER POINT	PALM CITY FL 34990
SD	WILSON, ROBERT J	2419 S.W. 12TH TERRACE	PALM CITY FL 34990

400003082264--3
-12/28/99--01070--022
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

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

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR L. MAMIE 10/13/99 561-287-0301