PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV -1 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000027169

1. Corporation Name
BOCA-MANDY CORP.

REINSTATEMENT 02-04

2. Principal Office Address	3. Mailing Office Address
c/o Unidell Realty Corp.	c/o Unidell Realty Corp.
Suite, Apt. #, etc. 17152 Mandylynn Court	Suite, Apt. #, etc. 17152 Mandylynn Court
City & State Boca Raton, Florida	City & State Boca Raton, Florida
Zip 33496 / Country US	Zip 33496 / Country US

4. Date Incorporated or Qualified To Do Business in Florida 3/24/1998

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: Jane Yudell

Street Address (P.O. Box Number is Not Acceptable): 17152 Mandylynn Court

Suite, Apt. #, Etc.

City: Boca Raton | State: FL | Zip Code: 33496

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: Jane Yudell — REGISTERED AGENT MUST SIGN — Date 10-25-04

CR2E081 (01/04)

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
D	Jane Yudell	17152 Mandylynn Court	Boca Raton, Florida 33496
		300042366983 11/01/04--01082--011 **1050.50	
		300042366983 11/01/04--01082--012 **8.00	

02 w/5

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: Jane Yudell President — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 10/25/04 — Daytime Phone # (561)