

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000027169

1. Corporation Name

BOCA-MANDY CORP.

2. Principal Office Address
c/o Unidell Realty Corp.

3. Mailing Office Address
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

Date 3/4/06

REGISTERED AGENT MUST SIGN

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

300069644123
04/08/06--01051--005 **\$900.00

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 contained in Chapter 119, 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

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/2006

Date

Daytime Phone #