



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED 00 OCT -6 PH 3:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P98000039809					
1. Corporation Name <b>Boardwalk Investments off South Florida Inc.</b>					
Principal Place of Business		Mailing Address			
11440 SW 88 St #500 Miami FL 33176		11440 SW 88 St #500 Miami, FL 33176			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 5/1/98	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0833013	
City & State		City & State		Applied For Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip		
P/D	Carlos Gilmore	11440 SW 88 St #500	Miami, FL 33176		
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
Carlos Gilmore		Name			
11440 SW 88 St #500		Street Address (P.O. Box Number is Not Acceptable)			
Miami, FL 33176		Suite, Apt. #, Etc.			
		City			
		State FL			
		Zip Code			
10. 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		REGISTERED AGENT MUST SIGN		Date 10-2-00	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. 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: 		Carlos Gilmore, Director		9/14/00 305 275 9511	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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