

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR **99** REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 NOV -4 AM 10: 24

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P98000068152**
 1. Corporation Name
BOFF INVESTMENTS, INC.

Principal Place of Business Mailing Address
 950 NORTH COLLIER BLVD., STE. 419 950 NORTH COLLIER BLVD., STE. 419
 MARCO ISLAND FL 34145 MARCO ISLAND FL 34145



REINSTATEMENT 99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.
 2. New Principal Office Address, If Applicable **942 N Collier Blvd**
 Suite, Apt. #, etc.
 City & State **Marco Island FL**
 Zip **34145** Country **Collier**
 3. New Mailing Office Address, If Applicable **942 N Collier Blvd**
 Suite, Apt. #, etc.
 City & State **Marco Island FL**
 Zip **34145** Country **Collier**

4. Date Incorporated or Qualified To Do Business in Florida **07/31/1998 JP**
 5. FEI Number **59-3530050** Applied For Not Applicable
 6. CERTIFICATE OF STATUS DESIRED \$8.75 A 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	4 City / State / Zip
P/H	Barbara S. Braun Bradshaw	942 N Collier Blvd Marco Island FL 34145	Marco Island, FL 34145
V.P/S	Teri Wilson 137 Clyburn Way	137 Clyburn Way	Marco Island FL 34145

8. Name and Address of Current Registered Agent
BURKE, CONSTANCE M
2660 AIRPORT ROAD SOUTH
NAPLES FL 34112

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

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 Date **11/1/99**
 REGISTERED AGENT MUST SIGN

11. 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: Date **11/1/99** Daytime Phone # **341-9107**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR25040 (8/99)