

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 13 PM 5:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P98000105035

1. Corporation Name

BOCA ART STUDIOS, INC
229 SE 1ST AVENUE
BOCA RATON, FLA 33432

2. Principal Office Address

229 SE 1ST AVENUE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FLA 33432

City & State

Zip

Country

PALM BEACH

Zip

33432

Country

PALM BCH

4. Date Incorporated or Qualified

To Do Business in Florida 12/18/98

5. FEI Number

65-0883703

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

CHRISTOPHER JELAVIC

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

229 SE-1ST AVENUE

Suite, Apt. #, Etc.

City

BOCA RATON

State
FL

Zip Code
33432

REINSTATEMENT

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

C. Celis

Date 2-8-04

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
P D S	CHRISTOPHER JELAVIC	229 SE 1ST AVENUE	BOCA RATON, FLA 33432

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:

C. Celis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/8/04

Daytime Phone #

561-715
7565

CR2E061 (01/04)

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 13 AM 10:03

DOCUMENT # L02000005058

0004272 01 AT 0.292 **AUTO T8 C 0616 32958-324405



SEBASTIAN NORTHPOINT, LLC
8005 BAY STREET, SUITE 5
SEBASTIAN FL 32958-3244



8005 BAY STREET, SUITE 5
SEBASTIAN FL 32958

PENNY, ERIC
8005 BAY STREET, SUITE 5
SEBASTIAN FL 32958

FL

03/04/2002

04-3619715

\$5.00 Additional Fee required
for a Certificate of Status

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

FEB 12th 2004

ngm Eric Penny

8005 Bay Street
Suite 5

Sebastian FL
32958

700028737957
02/13/04 - 01002 - 006 **200.00

REINSTATEMENT

03-04
dec

Signature of
Managing Member/Manager

[Signature]

FEB 12th 04

772-581-0300