

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 OCT 05 PM 12:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P98000105035

**1. Corporation Name**

BOCA ART STUDIOS INC  
3311 N DIXIE HIGHWAY  
POMPANO BEACH, FLA 33432

**2. Principal Office Address**

3311 N DIXIE HIGHWAY

Suite, Apt. #, etc.

City & State

POMPANO BEACH

Zip

Country

BROWARD

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

Country

BROWARD

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**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)

3311 N DIXIE HIGHWAY

Suite, Apt. #, Etc.

City

POMPANO BEACH, FLA 33432

State  
FL

Zip Code

**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

REGISTERED AGENT MUST SIGN

Date

10/1/06

**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
PDS	CHRISTOPHER JELAVIC	3311 N DIXIE HIGHWAY	POMPANO BEACH, 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/1/06 (561) 715-7565

Daytime Phone #