PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| REINST   | DRATION<br>ATEMENT                        |   | FLORIDA DE<br>Sec<br>DIVISIO              | EPARTMENT OF Sometary of State   |   | 05   | FILED JAN 14 AN 8:41                  |   |
|--|---|---|---|----------------------------------|---|--|---------------------------------------|---|
| DOCUMENT # P99000014 22 φ 1. Corporation Name  |   |   |   |                                  |   | SE(  | ORETARY OF STATE<br>LAHASSEE, ELORIO/ | <b>A</b>  |
| Associates of Boca Raton, Inc.   |   |   |   |                                  |   | 1 Att.   | ( Set Mark 1 - 1                      |   |
| 2. Principal Of  | fice Address                              | ·   | 3. Mailing Office Address                 |                                  |   | TREMICTATEMENT ()4-()  |                                       |   |
| 6901 SW 18th St  |   |   | 601 S. Federal Hwy                        |                                  |   | REINSTATEMENT 09-0   |                                       |   |
| Suite, Apt. #, etc   |   |   | Suite, Apt. #, etc.                       |                                  |   |  | mted or Qualified                     | <del></del>   |
| City & State   | <u> </u>                                  | <del></del> -                                 | City & State                              |                                  |   | 4. Date Incorporated or Qualified To Do Business in Florida 5/99                             |                                       |   |
| · .  | Raton , F                                 | 1   | Boca Raton, FI                            |                                  |   | 5. FEI Number  | 1801-E 74                             | Applied For   |
| Zip Country  |   |   | -Zip Country                              |                                  |   | 6. OSP6524 Not Applicable  6. OSPIEICATE OF STATUS DESIRED TO \$8.75 Additional Fee required |                                       |   |
| 3343   | 3   1                                     | 1SA   | <i>3</i> 343                              | a Usn                            |   | CERTIFICATE  | OF STATUS DESIRED [ for a             | Certificate of Status   |
| Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City North, Palm Brach  State   Zip Code   FL   33408  8. I, being appointed the registered agent of the above named confirming with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent   Date   12-29-04    9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles   Officers and/or Directors   Street Address of Each Officer and/or Director   City / State / Zip    DPTS   Inviction   Name of Officer and/or Directors   Street Address of Each Officer and/or Directors   City / State / Zip    DPTS   Inviction   Name of Officer and/or Directors   Street Address of Each Officer and/or Directors   City / State / Zip    DPTS   Inviction   Name of Officer and/or Directors   Street Address of Each Officer and/or Director   City / State / Zip    DPTS   Inviction   Name of Officer and/or Directors   Street Address of Each Officer and/or Director   City / State / Zip    DPTS   Inviction   Name of Officer and/or Directors   Street Address of Each Officer and/or Director   City / State / Zip    DPTS   Inviction   Name of Officer and/or Directors   Street Address of Each Officer and/or Director   City / State / Zip    DPTS   Inviction   Name of Officer and/or Directors   Street Address of Each Officer and/or Director   City / State / Zip    DPTS   Inviction   Name of Officer and/or Director   Street Address of Each Officer and/or Director   City / State / Zip    DPTS   Inviction   Name of Officer and/or Director   Street Address of Each Officer and/or Director   City / State / Zip    DPTS   Inviction   Name of Officer and/or Director   Street Address of Each Officer and/or Director   City / State / Zip    DPTS   Inviction   Name of Officer and/or Director   Street Address of Each Officer and/or Director   City / State / Zip    DPTS   Inviction   Name of Officer and/or Director   Street Add |   |   |   |                                  |   |  |                                       |   |
| this reinsta   | atement application<br>he corporation hav | n, the reason for diss<br>e been paid and the | olution has been ei<br>names of individua | liminated, the corporate na      | me satisfie<br>t qualify for<br>made unde | provided for in cha<br>s the requirements<br>an exemption und<br>er oath.                    |                                       | ritify that when filling<br>1, F.S., that all fees<br>information indicated |
| SIGNATU  | JRE: SIGNATUR                             | RE AND TYPED OR PR                            | INTED NAME OF SIG                         | ALAN<br>SNING OFFICER OR DIRECTO | R. I                                      | MUELLA   | . 1 40/0/                             | Y-7800<br>te Phone #  |



The Real Estate Leaders

January 10, 2005

Florida Department of State Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

## To Whom It May Concern:

Enclosed you will find four Corporate Reinstatement applications. On December 27, 2004 my application for a Fictitious Name Renewal was returned to me due to the fact that the corporation named as the owner was inactive. I was never notified that the enclosed four corporations were up for renewal of that they had expired. Per a phone conversation with the State I was instructed to file a reinstatement for the four corporations and include four checks in the amount of \$150.00 each. I was also instructed to include the original Fictitious Name Application. I followed all these instructions and the paperwork was received by the State on December 31, 2004. On January 10, 2005 I received all the applications back again stating it would cost an additional \$600.00 to reinstate them. I again called the State and was instructed to send another letter attached to each reinstatement with an explanation and requesting that the reinstatement fees be waived due to the fact I never received notification of the renewal. Even though the four applications were returned the original four checks #3796, #3795, #3794, #1143 in the amount of \$150.00 each were not returned. Therefore I am requesting these checks be applied to the four 2004 renewal and that the reinstatement fees be waived. I have also enclosed four additional checks in the amount of \$150.00 each for the 2005 renewals.

If you have any questions regarding this matter please call me at 561-394-7800

Thank you,

Alan R. Innella Broker/Owner RE/MAX Advantage Plus

## **RE/MAX Advantage Plus**