

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg. 1002

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JUL 26 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000031593**

1. Corporation Name

Boca Labs, Inc

2. Principal Office Address

83 South 30th Ave

Suite, Apt. #, etc.

City & State

JACKSONVILLE BEACH, FL

Zip

32250

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

5. FEI Number

APPLIED

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required
for a Certificate of Status**

2000-01 UBR

7. Name and Address of Current Registered Agent

Name

HAROLD T DOW, III

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

83 SOUTH 30th AVE

Suite, Apt. #, Etc.

City

JACKSONVILLE BEACH

State

FL

Zip Code

32250

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

[Signature]

Date

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
POST	HAROLD T DOW, III	83 South 30th AVE	JACKSONVILLE BEACH, FL 32250

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****300.00 ****300.00

[Signature]

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

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)



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Income Tax Services
Financial & Insurance Services
Accounting & Bookkeeping Services

JAMES K. REESE, EA
RICHARD L. ROSS, EA

1201 North Third Street • Jacksonville Beach, Florida 32250 • (904) 241-0050 • Fax (904) 241-0752

July 10, 2001

Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

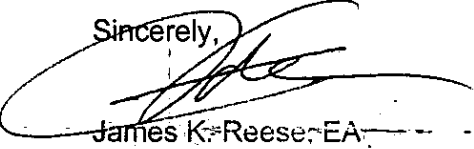
Re: Boca Labs, Inc. – 2000 & 2001 Uniform Business Reports

Dear Sir or Madam:

Please find the enclosed Check for \$300.00 for the above referenced Taxpayer's 2000 & 2001 Uniform Business Reports. The Taxpayer never received these reports. The address of record has not been good for the last two years. The Taxpayer would like to change this address by completing a new 2001 Uniform Business Report. Your assistance in reinstating this corporation and abating the Late Penalties is appreciated in advance. Please mail any correspondence to our office until the mailing and registered agent's address can be updated.

If you have any questions, please do not hesitate to contact me.

Sincerely,


James K. Reese, EA

Enclosures:
Check for \$300.00