

APPLICATION
FOR ~~REINSTATEMENT~~
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90019 023 ***150.00

DOCUMENT # P99000035784

Corporation Name

BOCA FROSY'S, INC

Principal Place of Business

Mailing Address

9101 LAKERIDGE BLVD
BOCA RATON, FL 33434

9101 LAKERIDGE BLVD
BOCA RATON
FL 33434

TD By 1501
Talkhasser, FL 33302
1500

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

As Above

Suite, Apt. #, etc.

5. FEI Number

65-091-2485

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<u>Pres</u>	<u>SHAHNAZ P. CHONDHURY</u>	<u>10920 DANBURY WAY, BOCA RATON, FL 33498</u>	
<u>V.P</u> <u>Sec</u>	<u>SYEDA R. HUG</u>	<u>23180 FLORALWOOD LN, BOCA RATON, FL 33433</u>	

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHAHNAZ CHONDHURY
10920 DANBURY WAY
BOCA RATON, FL 33498

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

X Shahnaz Chondhury

REGISTERED AGENT MUST SIGN

Date 4-28-00

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

X Syeda Hug
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SYEDA HUG V.P

4/28/00
Date

561-488-1099
Daytime Phone #