PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## CORPORATION



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

3. Mailing Office Address

Suite, Apt. #, etc.

1. Corporation Name

2. Principal Office Address

Suite, Apt. #, etc.

3 WATERVIEW DRIVE

FILED

02 JUN 13 PM 12: 31

SECRETARY OF STATE TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified

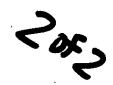
| <u></u>               |           |                        |                        |                                  |                         |                 | To Do Business in Florida 7-15-99                       |                 |      |  |
|-----------------------|-----------|------------------------|------------------------|----------------------------------|-------------------------|-----------------|---|-----------------|------|--|
| City & State          |           |                        | City & State           | City & State                     |                         | 5. FEI Number   |   | Applied For     |      |  |
| OLEAN RIDGE , FL .    |           |                        |                        |                                  |                         | 650938153       |   | Not Applicable  |      |  |
| Zip Country 33435 OSE |           | Zip                    | Country                | 6.<br>CERTIFICA                  |                         |                 | 3.75 Additional Fee require for a Certificate of Status |                 |      |  |
|                       |           |                        | <b>7</b> . Na          | me and Address of Current R      | egistered Agent         |                 |   |                 |      |  |
| · .                   | Name      |                        |                        | ROBERT BULLOW                    |                         | -07,            | 1 <b>62087</b><br>/05/0201<br>:*450.00                  | 014((<br>****49 |      |  |
|                       | Street Ad | dress (P.O. Box Numb   | per is Not Acceptable) | 3 WATERVIE                       | 2 DRIVE                 | 20000           | 16208<br>7/05/Q20                                       | 702l            | E    |  |
|                       | Suite, Ap | t. #, Etc.             |                        | ţ.                               |                         | **              | **** <b>%</b> 55  | *****           | 8,50 |  |
|                       | City      |                        |                        | OCEAN RIDG                       | E                       | FL              | Zip Code<br>33435                                       |                 |      |  |
| <b>0</b>              | istad t   | no registered agent of | the above named corpor | ation, am familiar with and acce | pt the obligations of s | ection 607.0505 | or 617.0503, F.S.                                       |                 |      |  |

| Signature of<br>Registered | Agent Role           | Date 6-11-02                       |   |                        |  |  |  |
|----------------------------|----------------------|------------------------------------|---|------------------------|--|--|--|
| 9. Names                   | and Street Addresses | of Each Officer and/or Director (F | lorida nonprofit corporations must list at least 3 directors) |                        |  |  |  |
| Titles                     |                      | Name of rs and/or Directors        | Street Address of Each<br>Officer and/or Director             | City / State / Zip     |  |  |  |
| Pres                       | Robert               | H. Burrow                          | 3 WATERVIEW DRIVE   | OCEAN RIDGE, FL. 33425 |  |  |  |
| SEC. TREAS.                | Carol                | 5. Burrow                          | 3 WATERVIEW DRIVE   | OLEW RIDGE, FL. 33435  |  |  |  |
| \$ · f                     | 24                   |                                    | `   |                        |  |  |  |
| •                          |                      |                                    |   |                        |  |  |  |
|                            |                      |                                    |   |                        |  |  |  |
|                            |                      |                                    |   | ·                      |  |  |  |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



## **BOCAR PROPERTIES INC.**

3 WATERVIEW DRIVE OCEANRIDGE, FL. 33435

June 11, 2002

Department of State Division of Corporations

To whom it may concern,

I never received notice of annual reports being due and never received notice that my corporation would become inactive. Could you please waive re-instatement fees.

Sincerely yours,

Robert H. Burrow

President