

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS



OL UBR

FILED

02 DEC 12 AM 8:33

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P99000073038

1. Corporation Name
 BOCA APPLIANCE CARE, INC.

Principal Place of Business: 4301 OAK CIRCLE SUITE #13 BOCA RATON FL 33431
 Mailing Address: 4301 OAK CIRCLE SUITE #13 BOCA RATON FL 33431



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

2. New Principal Office Address, If Applicable: BOCA APPLIANCE CARE INC 1407 MEADOWS CIR W BOYNTON BEACH FL 33436
 3. New Mailing Office Address, If Applicable: BOCA APPLIANCE CARE INC 1407 MEADOWS CIR W BOYNTON BEACH FL 33436
 Date Incorporated or Qualified To Do Business in Florida: 08/17/1999
 EI Number: 65-0953048
 Applied For: Not Applicable
 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	4 City / State / Zip
PD	SKIBA, JOSEPH J	BOCA APPLIANCE	BOCA RATON FL 33481
STD	COOPER, RONALD J	1407 MEADOWS CIR WEST BOYNTON BEACH FL 33436	BOCA RATON FL 33481
			200008727032 10/31/02--01047--025 **150.00

8. Name and Address of Current Registered Agent: SKIBA JOSEPH J, 1407 MEADOWS CIR W, BOYNTON BEACH FL 33436
 9. Name and Address of New Registered Agent: 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. or 617.0505, F.S.
 Signature of Registered Agent: *Joseph J Skiba*
 REGISTERED AGENT MUST SIGN
 Date: 10/28/02

11. 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: *JOSEPH JOHNSON SKIBA*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 10/28/02

CR2040 (8/02)

BOCA APPLIANCE CARE INC.
P.O. BOX 244708
BOYNTON BEACH FL 33424-4708
BOCA RATON 561-393-8798
BOYNTON 561-965-4001

Please Do Not Pg 2
-Remove-

My Name is Joseph J. Shutz Jr. owner president
of Boca Appliance Care which was located
at 4301 oak cir - Boca Raton Fl 33431

We sent a letter to your office in february
to change office address to 1090 fairport circuit
Boynton Beach Fl 33436 + Mailing address to
PO BOX 244708 Boynton Beach Fl 33436-4708
apparently you did not receive the change
or we did not receive forms through forwarding
address change. please use PO BOX 244708

Boynton Beach Fl
33424-4708

for all further communications about this matter
or call me at 561 393 8798

ps enclosed is a copy of our
occupational license with office
address to verify information given

Joseph J. Shutz - president