

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAR 20 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99-76183

1. Corporation Name

Boxco of Palm Beach, Inc.

2. Principal Office Address - No P.O. Box #

714 SE Seahouse Drive

3. Mailing Office Address

5491 University Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 202A

City & State

City & State

Port St. Lucie, FL

Coral Springs, FL

Zip

Country

Zip

Country

34983

USA

33067

USA

7. Name and Address of Current Registered Agent

Name

Christopher C. Kalisz

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

714 SE Seahouse Drive

Suite, Apt. #, Etc.

City

Port St. Lucie

State

FL

Zip Code

34983

4. Date Incorporated or Qualified
To Do Business in Florida

11/1/99

5. FEI Number

52-2198939

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0502, F.S.

Signature of
Registered Agent

Christopher C. Kalisz
REGISTERED AGENT MUST SIGN

Date 3/12/08

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
Pres.	Christopher C. Kalisz	714 SE Seahouse Drive	Port St. Lucie, FL 34983

500120017075
03/20/08--01024--009 **600.00

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 contained in Chapter 119, 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: *Christopher C. Kalisz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/12/08

Daytime Phone #