

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 26 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *S 23368*

1. Corporation Name

Boca Raton Stair Company

2. Principal Office Address

425 NE 6 St

Suite, Apt. #, etc.

3. Mailing Office Address

425 NE 6 St

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip *33432*

Country

USA

City & State

Boca Raton, FL

Zip

33432

Country

USA

400065567614

02/10/06--01022--009 **450.00

REINSTATEMENT

04-06

4. Date Incorporated or Qualified
To Do Business in Florida

1/07/1991

5. FEI Number

05-0238481

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

William F. Unks

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

425 NE 6 St

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33432

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
<i>PT</i>	<i>William F. Unks</i>	<i>425 NE 6 St</i>	<i>Boca Raton, FL 33432</i>

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/06

Date

Daytime Phone #

561-542-1305

To whom it may concern

Please accept the enclosed
Check in the amount of

\$450.00 for full payment

of our 2004, 2005, + 2006

Annual fee. We respectfully
ask that you do not

Charge us a late filing fee

or Reinstatement fee due to

the fact we did not receive
any renewal notices in the
mail. Thank you!