

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 30 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 526774

1. Corporation Name

Scott Swad's
Boca Raton Ballroom Inc.

000011193080
01/30/03--01019--003 **1265.00

2. Principal Office Address

5721 North, Fed. Hwy

Suite, Apt. #, etc.

N/A

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Boca Raton

City & State

Fla.

Zip

33487

Country

U.S.

Zip

Same

Country

Same

4. Date Incorporated or Qualified
To Do Business in Florida

1/22/1991

5. FEI Number

65-0244534

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

Scott F. Swad

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

3497 Harbor Cir.

Suite, Apt. #, Etc.

City

Delray, Bch. Fla.

State

FL

Zip Code

33483

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

Scott F. Swad

REGISTERED AGENT MUST SIGN

Date

1/24/03

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	Scott F. Swad	3497 Harbor Cir	Delray Bch Fl 33483

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:

Scott F. Swad

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/07

Date

561-241-2300

Daytime Phone #

CR2E081 (10/02)

✓ Scott Swad's ***Boca Raton Ballroom, Inc.***

5721 N. Federal Hwy.
Boca Raton, FL 33487
(561) 241-2300

Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

January 24, 2003

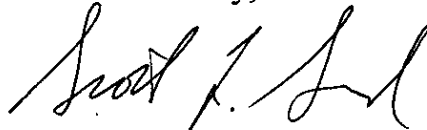
Dear Secretary of State,

We regret that it has just been brought to our attention that our corporation is in need of re-instatement.

As per our conversation with your office on 1/23/03, Justin informed us to write this letter stating that we have not recieved forms for renewal since 1996. Justin told us to send the re-instatement form along with this letter and a check for the amount of \$1,265.

We hope to rectify this situation as soon as possible. Thank you for your attention.

Sincerely,

A handwritten signature in dark ink, appearing to read "Scott F. Swad", written in a cursive style.

Scott F. Swad
President