

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

01 JAN 25 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 546011

1. Corporation Name

REFLECTIONS OF BOCA, INC.

2. Principal Office Address

2200 N.W. CORPORATE BLVD.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33431

Country

PALM BCH

3. Mailing Office Address

4400 N. FEDERAL HWY

Suite, Apt. #, etc.

#210

City & State

BOCA RATON, FL.

Zip

33431

Country

PALM BEACH

4. Date Incorporated or Qualified
To Do Business in Florida

4/18/91

5. FEI Number

65-0256631

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

ELAYNE PRINCE

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

4400 NO. FEDERAL HIGHWAY

Suite, Apt. #, Etc.

SUITE 210

City

BOCA RATON

State

FL

Zip Code

33431

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

Elayne Prince, V. President
REGISTERED AGENT MUST SIGN

Date 1/22/01

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.	PRINCE, ALLEN	626 BOCA MARINE COURT	BOCA RATON, FL. 33431
V.P.	PRINCE, ELAYNE	4400 N. FEDERAL HWY #210	BOCA RATON, FL. 33431

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

1/22/01
Date

561-394-8999
Daytime Phone #

CR2E081 (9/00)