

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S93340

1. Corporation Name

Boulevard Lakes Commercial Center, Inc.

2. Principal Office Address

P.O. Box 810848

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip
33481

Country
US

3. Mailing Office Address

P.O. Box 810848

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip
33481

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-0297065

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

Ohren, Nathan

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

2117 NW 19th Way 400075547734
05/31/06--01014--024 **1090.00

Suite, Apt. #, Etc.

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

Date 5/9/06

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
DS	Ohren, Julius	4295 Bocaire Blvd.	Boca Raton, FL 33487
PD	Ohren, Nathan	2117 NW 19th Way	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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NATHAN OHREN

5/9/06

Date

561-289-8394

Daytime Phone #