PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 MAR 27 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V28141

1. Corporation Name
Boslanta Corporation

REINSTATEMENT 99-00

2. Principal Office Address	**3.** Mailing Office Address
3900 Galt Ocean Drive	3900 Galt Ocean Drive
Suite, Apt. #, etc.: Apt. 701	Suite, Apt. #, etc.: Apt. 701
City & State: Fort Lauderdale, Florida	City & State: Fort Lauderdale, Florida
Zip: 33308 Country: USA	Zip: 33308 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: April 13, 1992

5. FEI Number: 65-0325115 ☐ 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: Cort A. Neimark
Street Address (P.O. Box Number is Not Acceptable): 3900 Galt Ocean Drive
Suite, Apt. #, Etc.: Apt. 701
City: Fort Lauderdale State: FL Zip Code: 33308

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: Cort A. Neimark Date: 3/23/00
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
P/T/D	Cort A. Neimark	3900 Galt Ocean Dr., #701	Fort Lauderdale, FL 33308
S/D	Howard B. Nadel	800 Corporate Dr., Ste 420	Fort Lauderdale, FL 33334
			500003196385--5
			-04/05/00--01074--010
			****900.00 ****900.00
			KE

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: Cort A. Neimark 3/23/00 (954) 493-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #