

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

2. Principal Office Address

3900 Galt Ocean Drive

Suite, Apt. #, etc.

Apt. 701

City & State

Fort Lauderdale, Florida

Zip

33308

Country

USA

3. Mailing Office Address

3900 Galt Ocean Drive

Suite, Apt. #, etc.

Apt. 701

City & State

Fort Lauderdale, Florida

Zip

33308

Country

USA

REINSTATEMENT

99-00

**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

Date 3/23/00

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
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:

3/23/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(954) 493-8000

Daytime Phone #