

00/01

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

CORPORATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAR 22 PM 5:10

DOCUMENT # H25500

1. Corporation Name

A &amp; F ENTERPRISES, INC

2. Principal Office Address

1528 S NOVA RD

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City &amp; State

DAYTONA BEACH FL

City &amp; State

Zip

32114

Country

VOLUSIA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-2458120

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required  
for a Certificate of Status

M. S. Boivin

7. Name and Address of Current Registered Agent

Name

MARY LOU BOIVIN

200003913172--5

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

2983 BRISTOL LANE

03/29/01-01009-018

\*\*\*\*300.00 \*\*\*\*300.00

Suite, Apt. #, Etc.

City

SOUTH DAYTONA

State

FL

Zip Code

32119

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

M S Boivin

Date 3/10/01

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.D.	MARY LOU BOIVIN	2983 BRISTOL LANE	SOUTH DAYTONA, FL 32119

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:

M S Boivin

3/10/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #