


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000005489 1. Entity Name IN MY FATHER'S BUSINESS, INC.					
Principal Place of Business 10813 NORCROSS CIRCLE ORLANDO, FL 32825 US			Mailing Address 10813 NORCROSS CIRCLE ORLANDO, FL 32825 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number APPLIED FOR 26-0248262	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JIMENEZ-DIAZ, P.A. 9735 S. ORANGE BLOSSOM TRAIL SUITE 101 ORLANDO, FL 32837				Name <u>FLOR A. Lambeth</u> Street Address (P.O. Box Number is Not Acceptable) <u>10813 Norcross Circle</u> City <u>Orlando</u> <u>FL</u> Zip Code <u>32825</u>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>[Signature]</u> <u>FLOR A. Lambeth</u> <u>10/16/07</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAMBETH, FLOR A 10813 NORCROSS CIRCLE ORLANDO, FL 32825	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>10/16/07</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBETH, DENNIS C 10813 NORCROSS CIRCLE ORLANDO, FL 32825	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TREJO, MARTIN 75 E. IVANHOE BLVD. ORLANDO, FL 32804	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GUZMAN, NEREIDA 75 E. IVANHOE BLVD. ORLANDO, FL 32804	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ORITZ, JUAN 75 E. IVANHOE BLVD. ORLANDO, FL 32804	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>[Signature]</u> <u>FLOR A. Lambeth</u> <u>10/16/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

FILED

07 OCT 22 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04-20-07 90075 013 861-25



REINSTATEMENT 07

10162897 REIN-NP CR2E099 (1/07)

4. FEI Number
APPLIED FOR 26-0248262

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JIMENEZ-DIAZ, P.A.
9735 S. ORANGE BLOSSOM TRAIL
SUITE 101
ORLANDO, FL 32837

Name FLOR A. Lambeth
Street Address (P.O. Box Number is Not Acceptable)
10813 Norcross Circle
City Orlando FL Zip Code 32825

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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
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