

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
16 APR 21 AM 9:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N10000011558

1. Corporation Name

Pamoja Charity Inc.

2. Principal Office Address - No P.O. Box #

470 NE 44 St.

Suite, Apt. #, etc.

3. Mailing Office Address

470 NE 44 St.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33431

Country

USA

Zip

33431

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

12/14/2010

5. FEI Number

27-4257654

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

John McKay

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

470 NE 44 St.

Suite, Apt. #, Etc.

City

Boca Raton,

State

FL

Zip Code

33431

800284873488  
04/21/16--01013--002 \*\*420.00

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

[Signature]

Date 4/15/16

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	John McKay	470 NE 44 St.	Boca Raton, FL 33431
S/D	Kimberly McKay	470 NE 44 St.	Boca Raton, FL 33431
T/D	Eric Lutton	501 SW 11 Pl.	Boca Raton, FL 33432
REINSTATEMENT			APR 21 2016
			R. HUNT

10. E-mail Address: Kimberly.s.mckay@gmail.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/16

Date

Daytime Phone #

954 818 4631