

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

08 JAN 15 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32161

1. Corporation Name

THEOFORES, INC.

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

5315 SW 8th Ct

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 934513

Suite, Apt. #, etc.

City & State

MARGATE FL

Zip

Country

33068 Broward

City & State

MARGATE FL

Zip

Country

33093 Broward

7. Name and Address of Current Registered Agent

Name

ENOCK LOUIS

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

5315 SW 8th Ct.

Suite, Apt. #, Etc.

City

MARGATE

State

FL

Zip Code

33068

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]

REGISTERED AGENT MUST SIGN

Date 01/06/08

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	Charles Jean-Jeanlius	3415 NW 43 Street	Lauderdale Lakes FL 33309
V	St. Amour MAXI	2111 NW 55 AVE	Lauderhill FL 33313
S	Fils Aime Jean Claude	161 NW 38 street	Fort-Lauderdale FL 33309
T	St. Amour Duck	5820 NW 18 Ct.	Sunrise FL 33313
T	Sherlin Bien Aime	1213 NW 7th AVE	Port-Lauderdale FL 33312
T	Sainterville Pierre	1500 NW 62 FL.	MARGATE FL 33068

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 contained in Chapter 119, 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: *[Signature]* ENOCK P. LOUIS 01/06/08 579 2167 (954)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 05/08/1989
5. FEL Number 651105344 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☒ \$0.75 Additional Fee required for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.