

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 21 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N34822

1. Corporation Name

OUR FATHER'S BUSINESS, INC.

Principal Place of Business

Mailing Address

% BROWN GREGORY
215 SW 12TH ST
DANIA FL 33004-4229

% BROWN GREGORY
215 SW 12TH ST
DANIA FL 33004-4229

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/1999

5. FEI Number

65-0153793

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75. Additional fee required
for a Certificate of Status.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	STEWART, BRAIN P	1745 N ASHBROOK CIRCLE	MESA AZ 85203
D	ERLSTEN, CECILE M	3101 NE 47 CT	FT LAUDERDALE FL
PST	BROWN GREGORY,	215 SW 12 ST.	DANIA FL 33004
D	WOLF, RICHARD	2082 N 33 TERRACE	HOLLYWOOD FL DELETE
PSTD	BROWN GREGORY,	215 SW 12 ST	DANIA, FL. 33004

8. Name and Address of Current Registered Agent

BROWN, GREGORY C
215 SW 12 ST
DANIA FL 3300

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
500003039365--1
Suite, Apt. #, Etc. -11/09/99--01043--002
City *****245.00 State *****245.00
FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of
Registered Agent

Gregory C Brown REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-18-99

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., 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:

Gregory C Brown REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-99
Date

981-0850
(954)922-7461
Daytime Phone #