

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

RECEIVED
AND
FILED

OCT 17 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000003874**

1. Corporation Name

Home Boyz To men INC.

2. Principal Office Address

3620 Estates Rd

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32310

Country

US

3. Mailing Office Address

3620 Estates Rd

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32310

Country

US

REINSTATEMENT

916-18

4. Date Incorporated or Qualified
To Do Business in Florida

8-26-93

5. FEI Number

59-3243689

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

Shaheed NAjm

700003433927-8

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

3620 Estates Rd

-10/20/00-01078-005

******490.00 ****490.00**

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32310

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

Shaheed m NAjm

REGISTERED AGENT MUST SIGN

Date **10-17-00**

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
VPD	Shaheed m NAjm	3620 Estates Rd	Tallahassee FL 32310
PD	Ellison Womack	2601 VASAR Rd	Tallahassee FL
DS	Fred SEAMAN	607 Hampton Ave	Tallahassee FL
DT	AHMAD Aliyy	412 E HARRISSON St	
			KE

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:

Shaheed m NAjm **Shaheed m NAjm**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-17-00

Date

878-3880

Daytime Phone #

CR2E081 (9/99)