

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG 30 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P000000 38557

1. Corporation Name
Chief Aluko Products, Inc

2001-05 Rei.

7/24/01 - 90011 032 \$1550

2. Principal Office Address
166 NW 48th st+

3. Mailing Office Address
P.O. BOX 370907

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, florida

City & State
Miami, florida

Zip
33127

Country
usa

Zip
33137

Country
usa

**4. Date Incorporated or Qualified
To Do Business in Florida** 6/16/2000

5. FEI Number
651015293

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
Chief Adedoja E. Aluko

Street Address (P.O. Box Number is Not Acceptable)
166 NW48TH ST

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33127

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**

Chief Adedoja E. Aluko

REGISTERED AGENT MUST SIGN

Date 7/19/05

CR2E081 (01/05)

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/T	ADEDOJA E. ALUKO	166 NW 48TH ST	MIAMI FL 33127

Adedoja E. Aluko

500053239465
09/01/05--01037--001 **808.75

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:

Adedoja E. Aluko

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/19/05 3052515244

Daytime Phone #

Zolt

CHIEF ALUKO'S TM **PRODUCTS, INC.**

166 NW 48th ST * MIAMI, FL 33127 * 305-751-5244 PHONE * 305-7595113 FAX * 305-302-0001 MOBILE E-mail: chiefaluko@aol.com

JULY 18, 2005

**Florida Department of State
Secretary of state
Division of corporation**

Dear Mrs. Culligan:

As per our conversation on July 19, 2005, a report and fee was paid in 2001, but a certification was never received. I was hospitalized, disabled and unable to do any work with my products for the years of 2001 to 2005. I would like to have the five hundred and fifty dollars (\$50.00) paid in 2001 be apart of the money for the reinstatement in the name of my company, document number P00000058557, FEI number 651015293.

According to the schedule, it is \$1350.00 minus \$550.00 which equals \$800.00 dollars, plus \$8.75 for certificate of status.

Enclosed is a check for eight hundred eight dollars and seventy-five cents (\$808.75) for the reinstatement. Thank you for your cooperation. If you have any questions or concerns, please feel free to contact me at your earliest convenience at 305-751-5244(home) or 305-302-0001(cell).

Sincerely



**Chief Adedola E. Aluko
President**