

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JAN -2 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500009795055

01/03/03--01009--002 **158.75

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000067121

1. Corporation Name

Akoben, Inc.

2. Principal Office Address

5049 SW 134 Ave

Suite, Apt. #, etc.

N/A

City & State

Miramar, FL

Zip

33027 USA

3. Mailing Office Address

5049 SW 134 Ave

Suite, Apt. #, etc.

N/A

City & State

Miramar, FL

Zip

33027 USA

4. Date Incorporated or Qualified
To Do Business in Florida

July 13, 2000

5. FEI Number

65 11 22 032

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

Nobian Tax Consultants

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

16300 NE 19th Avenue

Suite, Apt. #, Etc.

#215

City

North Miami Beach

State

FL

Zip Code

33162

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

Michael J. Law

Date

12-26-02

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
PT.	Benovra M. Lewis-Williams	5049 SW 134 Ave.	Miramar, FL 33027
VPS	Devonne D. Williams	5049 SW 134 Avenue	Miramar, FL 33027

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: Devonne D. Williams Devonne D. Williams 12/26/02 305-829-7553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)

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