

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 22 PM 5:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000067977

1. Corporation Name

AFJAM ARTS INC.

REINSTATEMENT 04-05

2. Principal Office Address

20201 NW 9th

3. Mailing Office Address

20201 NW 9th Dr.

Suite, Apt. #, etc.

Dr.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33028

Country

USA

Zip

33028

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

05-1022078

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

RUTH LIVERPOOL

Street Address (P.O. Box Numbers Not Acceptable)

4944 N. University Dr

Suite, Apt. #, Etc.

City

LAUDERHILL

State

FL

Zip Code

33351

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

Ruth Liverpool

Date

2/1/05

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
P	PAUL LOWE-CHIN	16244 NW 17th CT.	PEMBROKE PINES, FL, 33028
VP	CAROL BROWNING LOWE CHIN	16247 NW 17th CT.	PEMBROKE PINES, FL, 33028

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03/02/05--01056--008 **300.00

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:

Paul Lowe Chin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/05
Date

954746-5011
Daytime Phone #

CR2E081 (01/05)