

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 AUG -9 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P00000071234

1. Corporation Name

Alford Brown Enterprises Inc.

2. Principal Office Address

5614-B Funston St.

Suite, Apt. #, etc.

3. Mailing Office Address

5614-B Funston St.

Suite, Apt. #, etc.

City & State

Hollywood, Florida

City & State

Hollywood, Florida

Zip

33023

Country

Broward

Zip

33023

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

7/1/2000

5. FEI Number

651031442

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

Alford Brown

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

5614-B Funston Street

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33023

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

Alford Brown

REGISTERED AGENT MUST SIGN

Date

Aug. 6, 2002

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
President	Alford Brown	5614-B Funston Street	Hollywood, Fla. 33023

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:

Alford Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug. 6, 2002

Date

(954)9620551

Daytime Phone #

CR2E081 (9/01)