

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR -8 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000017303

1. Corporation Name

FAMBU, INC.

Principal Place of Business

7838 SIENNA SPRINGS DRIVE
LAKE WORTH FL 33463

Mailing Address

7838 SIENNA SPRINGS DRIVE
LAKE WORTH FL 33463



500015469985
04/08/03--01047--018 **300.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

FAMBU, INC.

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

922 NORTHLAKE BLVD

5. Fee Number

65-1092956

Applied For

City & State

City & State

LAKE PARK, FL

Not Applicable

Zip

Country

Zip

Country

33408

FLORIDA BEACH

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	MEDNICK, MICHAEL J	7838 SIENNA SPRINGS DRIVE	LAKE WORTH FL 33463

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

MICHAEL J MEDNICK

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

922 NORTHLAKE BLVD

Suite, Apt. #, Etc.

City

LAKE PARK

State

FL

Zip Code

33408

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

REQUIRED

Date

4-2-03

11. 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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-03

Date

Daytime Phone #

CR2E040 (8/02)

4-2-03

TO WHOM IT MAY CONCERN:

ENCLOSED PLEASE FIND MY
REINSTATEMENT FORM.

I REQUEST YOU PLEASE ABATE
ANY PENALTY FOR THE 2002 YEAR AS
I NEVER RECEIVED ANY OF THE NOTICES

I AM GIVING YOU A NEW
MAILING ADDRESS SO THAT THIS WILL
NOT HAPPEN AGAIN.

MY CHECK FOR 300.00 COVERS
2002 & 2003 AS I DID NOT RECEIVE
A FORM FOR 2003.

THANK YOU FOR YOUR CONSIDERATION.

VERY TRULY YOURS

A handwritten signature in dark ink, appearing to be 'M. Mc' or similar, written in a cursive style.