

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 12 PM 12:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000046903

1. Corporation Name

Florida Factory Service Inc.

2. Principal Office Address

5020 Brian Blvd.

3. Mailing Office Address

5020 Brian Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boynton Beach

City & State

Boynton Beach

Zip

33437

Country

USA

Zip

FL

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/07/2001

5. FEI Number

65-1099605

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

Richard J Hogan Jr.

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

5020 Brian Blvd

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33437

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 02/02/2004

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 |
|--------|--------------------------------------|---|-------------------------|
| D | Richard J. Hogan Jr. | 5020 Brian Blvd. | Boynton Beach, FL 33437 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-523-8823
02/02/2004

CR2001 (1/02)