

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 10 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300023700853
10/10/03--01022--015 **158.75

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 102000062212

1. Corporation Name

Everything's Afrikan inc

2. Principal Office Address

4166 Inverrary dr

Suite, Apt. #, etc.

#406

City & State

Lauderhill, FL

Zip

33319

Country

USA

3. Mailing Office Address

PO Box 590911

Suite, Apt. #, etc.

City & State

Tamarac, FL

Zip

33359

Country

USA

**4. Date incorporated or Qualified
To Do Business in Florida**

5. FEI Number

03-0464169

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

Kimberly Singleton

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

18421 nw 39th ct

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33056

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

Kimberly Singleton
(REGISTERED AGENT MUST SIGN)

Date 10-6-03

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
pres	JoAnn Ray	4166 Inverrary Dr #406	Lauderhill, FL 33319

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:

JoAnn Ray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-6-03

Date

954 730 9919

Daytime Phone #

CR2E081 (10/02)

7/10/10

EVERYTHING'S AFRIKAN INC
C/O JOANN RAY

4166 Inverrary drive
#406
Lauderhill, Fl 33319
Phone 054 430-9919
rayjoann@bellsouth.net

October 8, 2003

Mr Tyrone Scott

Mr Scott this is my second time sending my funds for reinstatement for my corporation; per our conversation, I'm sending this again and asking for the late charge to be waived, because I sent the first one on time.

Thank-you,
JoAnn Ray (pres)