

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 NOV -7 PM 12:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **202000071882**

1. Corporation Name

**BOFAM CONSTRUCTION COMPANY INC.**

2. Principal Office Address - No P.O. Box #

**4160 NW 21<sup>ST</sup> STREET**

Suite, Apt. #, etc.

**B240**

City & State

**LAUDERHILL, FL**

Zip

**33313**

Country

**USA**

3. Mailing Office Address

**4160 NW 21<sup>ST</sup> STREET**

Suite, Apt. #, etc.

**B240**

City & State

**LAUDERHILL, FL**

Zip

**33313**

Country

**USA**

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**03-0470614**

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

**ADEKUNLE OGUNDETI**

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

**13410 PORT SAID ROAD**

Suite, Apt. #, Etc.

City

**OPALOCKA**

State

**FL**

Zip Code

**33054**

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Adekunle Ogundeti*  
REGISTERED AGENT MUST SIGN

Date **11/2/07**

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	GBO LAHAN AKINRIN	4160 NW 21 <sup>ST</sup> STREET B240	LAUDERHILL FL 33313
SECRETARY	ADEKUNLE OGUNDETI	13410 PORT SAID RD	OPALOCKA FL 33054
			300112088133 11/07/07--01062--005 **150.00
			300112088133 11/07/07--01062--006 **8.75

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 contained in Chapter 119, 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:

*Gbo Lahan Akinrin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**11/2/07**

Daytime Phone #

202

**BOFAM CONSTRUCTION COMPANY, INC**  
4160 N. W. 21<sup>ST</sup> STREET SUITE# B240 LAUDERHILL, FL 33313  
PH :# 954-731-2842 & FAX: #305-681-1386

OCTOBER 29, 2007

Secretary of State  
Florida Department of State  
Division of Corporation

Dear Sir/Ma

It was unfortunate that I did not receive 2007 year filing documents, it could be that the documents got lost during postage. Please waive the late fee that will be assessed because we even did not receive the second notice of the corporation annual report yet. for 2007

Enclosed is a **completed 2007 corporation document application**. Also attached is a check in the amount of \$158.00 for 2007 ANNUAL FILING to bring the registration current.

Our current address is:

4160 N W 21<sup>ST</sup> STREET SUITE#B240  
LAUDERHILL, FLORIDA 33313

**THE DOCUMENT NUMBER:**

**P02000071882**

Adekunle Ogundeji

  
Registered Agent of Bofam Construction Co.