

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 MAY 13 PM 12:11

CLERK OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PD200627882

1. Corporation Name

BOFAM CONSTRUCTION CO INC

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

4576 EMERALD VCS

Suite, Apt. #, etc.

K2011

City & State

LAKE WORTH FL

Zip

33461

Country

U.S.A

3. Mailing Office Address

4576 EMERALD VCS

Suite, Apt. #, etc.

K2011

City & State

LAKE WORTH FL

Zip

33461

Country

U.S.A

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

03-0270614

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

OGUNDEJI ADEKUNLE

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

13410 PORT SAID ROAD

Suite, Apt. #, Etc.

City

OPA LOCKA

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 Ogundeji  
REGISTERED AGENT MUST SIGN

Date 4/21/08

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
<u>P</u>	<u>AKINRIN GBOPEHAN A</u> <u>4576 EMERALD VCS</u> <u>LAKE WORTH FL 33461</u>	<u>13410</u>	
<u>S</u>	<u>OGUNDEJI ADEKUNLE</u> <u>13410 PORT SAID ROAD</u> <u>OPA LOCKA FL 33054</u>		

06/05/08--01028--009 \*\*150.00

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:

Akinrin Akinrin Gbopehan A  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08  
Date

284-245-0162  
Daytime Phone #