

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000028798

FILED
Oct 27, 2008
Secretary of State

Entity Name: BOB-E-VON ENTERPRISE, INC.

Current Principal Place of Business:

2109 OPA LOCKA BLVD
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

2109 OPA LOCKA BLVD
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: 30-0158010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAHAM-EFFS, YVONNE
2990 NW 66 STREET
MIAMI, FL 33147 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: YVONNE GRAHAM-EFFS

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: EFFS, MICAL D
Address: 2990 NW 66 STREET
City-St-Zip: MIAMI, FL 33147

Title: V () Delete
Name: GRAHAM-EFFS, YVONNE
Address: 2990 NW 66 STREET
City-St-Zip: MIAMI, FL 33147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YVONNE GRAHAM EFFS

P

10/27/2008

Electronic Signature of Signing Officer or Director

Date