

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 JUL 19 AM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700106418047

07/19/07--01060--009 **1200.00

REINSTATEMENT

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 004000134230

1. Corporation Name

003000139217

FEMKEM INVESTMENTS Inc

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

6663 SW 41 PL

Suite, Apt. #, etc.

3. Mailing Office Address

18290 Pine Nut Ct

Suite, Apt. #, etc.

City & State

Davie, FL

City & State

Lehigh Acres, FL

Zip

33314

Country

Zip

33936

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11-24-2003

5. FEI Number

20-0419190

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

AFOLABI DRUKOTAN

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

18290 Pine Nut Ct

Suite, Apt. #, Etc.

City

Lehigh Acres

State

FL

Zip Code

33936

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 07/17/07

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
P	<u>Afolabi Drukotan</u>	<u>18290 Pine Nut Ct</u> <u>Lehigh Acres, FL 33936</u>	<u>Lehigh Acres, FL 33936</u>
VP	<u>Gbemisola Drukotan</u>	<u>18290 Pine Nut Ct</u>	<u>Lehigh Acres, FL 33936</u>

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:

[Signature] AFOLABI DRUKOTAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/17/07 (951)240-8092

Date Daytime Phone #

B. Mitchell JUL 19 2007