

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000021701

1. Corporation Name

BOODABEAM INC.

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

3780 West Coquina Way

Suite, Apt. #, etc.

City & State

Weston FL

Zip

33332

Country

USA

3. Mailing Office Address

3780 West Coquina Way

Suite, Apt. #, etc.

City & State

Weston FL

Zip

33332

Country

U.S.A.

7. Name and Address of Current Registered Agent

Name

Amanda Chano

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

3780 West Coquina Way

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33332

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

REGISTERED AGENT MUST SIGN

Date

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	AMANDA CHANO	3780 West Coquina Way	Weston FL 33332

600106628438
07/24/07--01031--006 **750.00

600106628438
09/07/07--01032--012 **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:

Amanda Chano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-7

Date

Daytime Phone #

FILED

07 AUG 27 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

06-07

4. Date Incorporated or Qualified To Do Business in Florida

2-10-05

5. FEI Number

20-2336101

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☐ 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.