

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

 FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

09 NOV -3 AM 10:12

DOCUMENT # PO5000046317

1. Corporation Name

Ongoing Enterprises Inc.

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

2680 NE 12 Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

2680 NE 12 Ave

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

Zip

33064

Country

U.S.

Zip

33064

Country

U.S.

7. Name and Address of Current Registered Agent

Name

Michael Wilson

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

2680 NE 12 Ave.

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33064

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

Date 10-21-09

REGISTERED AGENT MUST SIGN

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
D	Michael Wilson	2680 NE 12 Ave Pompano Beach, FL 33064	Pompano Beach, FL 33064
		B 11/4/09	
		REINSTATEMENT 09-09	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-09

Date

954-636-5387

Daytime Phone #