

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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DIVISION OF CORPORATIONS  
2017 JUN 26 AM 8:05

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P11000071380

1. Corporation Name  
**Assemblymen Corp.**

600300861486  
06/23/17--01011--030 \*1350.00

CR28031 (01/10)

2. Principal Office Address - No P.O. Box # <b>7050 Shady Pine Ct.</b>		3. Mailing Office Address <b>7050 Shady Pine Ct.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Jacksonville, FL</b>		City & State <b>Jacksonville, FL</b>	
Zip <b>32244</b>	Country <b>USA</b>	Zip <b>32244</b>	Country <b>USA</b>

4. Date Incorporated or Qualified To Do Business in Florida **9/1/11**

5. FEI Number **45-3063244** 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: **Ranaldo Allen**

Street Address (P.O. Box Number is Not Acceptable)  
**7050 Shady Pine Ct.**

Suite, Apt. #, Etc.

City: **Jacksonville** State: **FL** Zip Code: **32244**

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: **Ranaldo Allen** Date: **6/23/17**

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
<b>Mr.</b>	<b>Ranaldo Allen</b>	<b>7050 Shady Pine Ct.</b>	<b>Jacksonville, FL 32244</b>

10. E-mail Address: **ranaldo@theAssemblymen.com**  
(To be used for future annual report notification)

11. 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 upon 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817 155, F.S.

SIGNATURE: **Ranaldo Allen** Date: **6/23/17**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR