

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 OCT -8 PM 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000004510

**1. Corporation Name**

AFRICAN FASHION BOUTIQUE, INC.

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

3994 N.W. 19th STREET

Suite, Apt. #, etc.

City & State

LAUDERHILL, FL

Zip

33311

Country

**3. Mailing Office Address**

3994 N.W. 19th STREET

Suite, Apt. #, etc.

City & State

LAUDERHILL, FL

Zip

33311

Country

REINSTATEMENT 06-07  
CR2E081 (1/07)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

01/14/93

**5. FEI Number**

65-0396495

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

CHUCK MOGBO, P.A.

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

2800 W. Oakland Park Blvd.

Suite, Apt. #, Etc.

Suite 209

City

Oakland Park

State

FL

Zip Code

33311

☒ 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

10/3/07

**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	ODE, PATRICK	1813 NW 104 Avenue	Coral Springs, FL 33017
V	ODE, PATRICIA	1813 NW 104 Avenue	Coral Springs, FL 33017

500110493305  
10/08/07--01035--018 \*\*308.75

**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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/3/07  
Daytime Phone #