## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # 993000004510  1. Corporation Name AFRICAN FASHION BOUTIQUE, INC.  2. Principal Office Address - No P.O. Box v 3994 N.W. 19th STREET 3004 N.W. 19th STREET 3005 N.W. 19th STREET 3006 N.W. 1		RPORAT STATEM					DEPAR Secretar SION OF C	y of S	State				FIL 07 OCT -8	3 PM 1:	59
Sule, Apt. #, etc.  4. Date Incorporated or Dustled To D Business in Fields 01/14/93  S. FEI Number 10 D Business in Fields 01/14/93  S. FEI Number 65-0396495  No. Applied For No. Applie	1. Corporation Name												TALLAHASSE	Or STATE, FLORI	TE IDA
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City & State  LAUDERHILL, FL  LAUDERHILL, FL  LAUDERHILL, FL  LAUDERHILL, FL  LAUDERHILL, FL  Applied For 65-0396495  7. Name and Address of Current Registered Agent  Name  CHUCK MOGBO, P.A.  Street Address of Current Registered Agent  Name  CHUCK MOGBO, P.A.  Street Address of Current Registered Agent  Suite, Agt #, Etc.  Suite 209  City Oakland Park  B. I. being appointed the registered agent of the above runned curporative and familiar with and accept the obligations of section 607.0505 or 617.0503, § S.  Signature of Registered Agent  Registe			1961	1 STRE	ET.							3130	32E081(1/07)]程	H O O	
LAUDERHILL, FL LAUDERHILL, FL JAPPIEDE STATUS DESIRED  7. Name and Address of Current Registered Agent  7. Name and Address of Current Registered Agent  Name CHUCK MOGBO, P.A.  Street Address (P.D. Box Number is Not Acceptable) 2800 W. Oak land Park Blvd.  Suite Age if, Etc.  Suite 209  City Oakland Park  8. Leeng 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 of the above named corporation must list at least 3 directors)  Titles  Officer and officer for firectors  Name of City of State / Zip  ODE, PATRICK  1813 NW 104 Avenue  Coral Springs, FL 33017  V ODE, PATRICIA  1813 NW 104 Avenue  Coral Springs, FL 33017  10. Learlish that I am an officer or director or the receiver or fourties empowered to execute his application as provided for in character 607 or 617, F.S. Number certify that when filing this revensatement application, the reason for officers and all fees owed by the corporation name satisfies the moquinements of section 607.001 or 617.001, F.S. The information indicated on this application is true and accurate, and my signature shall have the pane legal effect as if made under each.  SIGNATURE:  3.5. FEI Number  6.50396495  Country  6.5. CRITIFICATE OF STATUS DESIRED  7. Name and Address of Cuty of State / Zip  Corcumstances which the entity did not receive the prior notices. By checking this box, you are certifying the reinstatement fee be waived.  Signature of Registered Agent of the entity of the distribution of receive the prior notices. By checking this box, you are certified the registered Agent of the control of the certified of the form of and of the control of the certified of the form of and of the certified of the form of and of the certified of the form of a certified of the form of a certified of the form of a certified of the form of the certif	Suite, Apt. #, etc. Suite, A						#, etc.							3	
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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 209  City Oakland Park  8. Lesing appointed the registered agent of the above named corporation and familiar with and accept the collipations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  P. Names and Street Addresses of Each Officer and/or Directors  Officers and/or Directors  Officers and/or Directors  ODE, PATRICK  1813 NW 104 Avenue  Coral Springs, FL 33017  10. Leartify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in thapter 607 or 617, F.S. I further carrify that when filing this renastatement application, the reason for dissociation has been eliminated, the corporate name asked for a corporation indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under cath.  Let M. S. Letter and corporation and the corporation of the corporation and the corporation are provided for in thapter 607 or 617, F.S. I further carrify that when filing this renastatement application, the reason for dissociation has been eliminated, the corporate name asked for the receiver for the section for O401 or 617, D401, 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 cath.  L.C. F.C.B. J. Cath.  J. J		ERHILL					HILL	<del>'</del>							
Name CHUCK MOGBO, P.A.  Street Address (P.O. Box Number is Not Acceptable) 28 00 W. Oakland Park Blvd.  Suite. Apt. #. Etc.  Suite 209  City Oakland Park  State S	333°	33311 Country				33311 Country						OF STATUS DE			
CHUCK MOGBO, P.A.  Street Address (P.O. Box Number is Not Acceptable) 2800 W. Oakland Park Blvd.  Suite 209  City Oakland Park  8. I. being appointed the registered agent of the above named corporation, and familiar with and accept the obligations of section 607,0505 or 617,0503, F.S.  Signature of Registered Agent  Recistreed Addresses of Each Officer and/or Directors  Name of Officers and/or Dire		me and Add	ress of	Current Regis	tered Age	ed Agent							•		
Street Address (P.O. Box Number is Not Acceptable) 2800 W. Oakland Park Blvd.  Suite 209  City Oakland Park  State FL 33311  8. It being appointed the registered agent of the above named corporation and familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent REGISTERED AGENT/MUST SIGN  9. Names and Street Addresses of Each Officer and/or Directors  Titles Officers and/or Directors  Name of Officers and/or Directors  Name of Officers and/or Directors  ODE, PATRICK  1813 NW 104 Avenue Coral Springs, FL 33017  V ODE, PATRICIA  1813 NW 104 Avenue Coral Springs, FL 33017  10. Learlify that I am an officer or director or the receiver or trustee empowered to execute this application, the reason for dissolution has been eliminated, the corporation ame satisfies the requirements of section 607.0401 or 617.0401, FS, that all less owed by the corporation is true and occurate, and my signature shall have the same legal effect as if made under cath.  LC Russidean  The City State / Zip  City / State / Zip  City											144		,		
Suite 209  City Oakland Park  State Zip Code FL 33311  8. I. being appointed the registered agent of the above named corporation and familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  REGISTERED AGENUMUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles Officers and/or Directors  Officers and/or Directors  Officer and/or Director  PODE, PATRICK  1813 NW 104 Avenue Coral Springs, FL 33017  V ODE, PATRICIA  1813 NW 104 Avenue Coral Springs, FL 33017  10. Learly that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 617, F.S. Hurther 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 pead and the names of individuals itseld 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:  REGISTERED AGENUMUST SIGN  Date  Titles Officer and requesting the reinstatement fee be waived.  Signature of Registered Agent Titles and accurate, and my signature shall have the same legal effect as if made under oath.	Street Address (P.O. Box Number is Not Acceptable)						•			the pri	or notices.	By checking t	his box, yo	ou	
Oakland Park  8. I, being appointed the registered agent of the above named corporation am familiar with and accept the obligations of section 607.0503 or 617.0503 or 6.17.0503 or 6.17.05											receive	ed and red			
Signature of Registered Agent  REGISTERED AGEN/MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles	Oakland Park							1 — - 1						:	
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