

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
01 NOV 30 PM 12: 03  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P 94000011247

1. Corporation Name

AMERICAN BOYS, Inc.

2. Principal Office Address

13839 SW 142 Ave

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33186

Country

3. Mailing Office Address

8520 SW 133 Ave Rd

Suite, Apt. #, etc.

#104

City & State

Miami FL

Zip

33183

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

2/10/94

5. FEI Number

650462507

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

DILDAK KHAN

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

8520 SW 133 Ave Rd

Suite, Apt. #, Etc.

#104

City

Miami

State

FL

Zip Code

33183

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

11/20/01

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
PSTD	DILDAK KHAN	8520 SW 133 Ave Rd #104	Miami, FL 33183

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 under section 119.07(3)(i), 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

Date

11/20/01

Daytime Phone #

305-385-8826

CR2E081 (9/00)