

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

bf2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JAN 19 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P94000069930

1. Corporation Name

POF INC.

2. Principal Office Address

7640 SOUTHGATE BLVD.

Suite, Apt. #, etc.

#2A

City & State  
NORTH LAUDERDALE, FL.

Zip Country

33068

U.S.A.

3. Mailing Office Address

7640 SOUTHGATE BLVD

Suite, Apt. #, etc.

#2A

City & State  
NORTH LAUDERDALE FL.

Zip Country

33068

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

9/22/94

5. FEI Number

650522996

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

CURT ANDROS

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

6574 BLUE BAY CIRCLE

Suite, Apt. #, Etc.

City

LAKE WORTH

State  
FL

Zip Code

33467

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

*Curt Andros*

Date

1-15-01

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
P.T. D	CURT ANDROS	6574 BLUE BAY CIRCLE	LAKE WORTH FL 33467
V.S. D	NELSY ANDROS	6574 BLUE BAY CIRCLE	LAKE WORTH FL 33467

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 stated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Curt Andros*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-01

Date

954-726-6444

Daytime Phone #

CR2E081 (9/00)

2082

To whom it may concern,

I am writing in response to the inactive status of my corporation. I realize that it is my responsibility to make sure the corporation is in active status. I believe that there was an error on the change of address that occurred on 02/23/99. If you will notice that the principal address was changed correctly, but the mailing address was not changed as requested. Whoever was supposed to change the address left the old address there. I would ask that due to this error, that the state might wave the late fees that I have to pay. Please let me know if there is anything, I may due to fix this problem.

Thank you,

Curt Andros,  
President, POF, INC.

7640 Southgate Blvd. #2A  
North Lauderdale, Fl.  
33068  
(954) 726-6444

