

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PROCESSED  
AND  
FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

01 MAY 30 PM 2:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000058401

1. Corporation Name

ALTERNATIVE HIP HOP FASHIONS

2. Principal Office Address

3. Mailing Office Address

2039 W. PENSACOLA ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TALLAHASSEE, FL

Zip

Country

Zip

Country

32304

LEON

4. Date Incorporated or Qualified  
To Do Business in Florida

6/30/97

5. FEI Number

59-3532963

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

BOBBY BELLAMY

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

2600 DOUGLAS RD STE 911

800004341898-9

06/05/01 01065-001

Suite, Apt. #, Etc.

\*\*\*1050.00 \*\*\*1050.00

City

CORAL GABLES

State

FL

Zip Code

33134

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

Bobby Bellamy

REGISTERED AGENT MUST SIGN

Date

5/30/01

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
PR	BOBBY, BELLAMY	2039 W. PENSACOLA ST	TALLAHASSEE, FL 32304

99-01

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:

Bobby Bellamy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/30/01

Daytime Phone #