

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JUL 11 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Boo-Ya, Inc.

899000019392

000006347170--0
-07/12/02--01017--017
***1050.00 ***1050.00

2. Principal Office Address

4670 SW 126 Ave

3. Mailing Office Address

4670 SW 126 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Davie, FL

City & State

Davie, FL

Zip

33330

Country

Broward

Zip

33330

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

3/02/99

5. FEI Number

65-0899653

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

Emmanuel B. Roux

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

4670 SW 126 Avenue

Suite, Apt. #, Etc.

City

Davie

State

FL

Zip Code

33330

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 7/8/02

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
President	Cedric Alexander	13909 SW 90 Ave E104	Miami, FL 33176
VP	Emmanuel B. Roux	4670 SW 126 Avenue	Davie, FL 33330
VP	Roger Phanard	11050 SW 5551	Fort Lauderdale, FL 33328

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Emmanuel Roux

Date

7/8/02

Daytime Phone #

954-252-8105

ORCE001 (9/01)

7/11/02