

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAR -2 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99-000030919

1. Corporation Name

Pride Factory, Inc.

2. Principal Office Address

3089 Oakland Pk Dr

Suite, Apt. #, etc.

#204

City & State

Oakland Park, FL

Zip

33309

Country

USA

3. Mailing Office Address

3089 Oakland Pk Dr

Suite, Apt. #, etc.

#204

City & State

Oakland Park, FL

Zip

33309

Country

USA

REINSTATEMENT

SP

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0913509

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

Joel Garey

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

3089 Oakland Pk Dr

Suite, Apt. #, Etc.

#204

City

Oakland Park

State

FL

Zip Code

33309

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

Joel L. Garey

REGISTERED AGENT MUST SIGN

Date 2/27/01

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
P/D	Joel Garey	3089 Oakland Pk Dr #204	Oakland Park, FL 33309
VP/D Sec	Rocco Bowell	3089 Oakland Pk Dr #204	Oakland Park, FL 33309

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:

Joel L. Garey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/01

Date

954-663-6600

Daytime Phone #

CR2E081 (9/00)