

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

DF2

CORPORATION



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 OCT 23 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P99000031185

1. Corporation Name

OVERTOWN MANUFACTURING COMPANY

2. Principal Office Address

575 NW 24<sup>th</sup> ST

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

Country

33127

USA

3. Mailing Office Address

P.O. Box 642

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

Country

33137

U.S.A

4. Date Incorporated or Qualified  
To Do Business in Florida

3/28/99

5. FEI Number

65-0905845

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

J. ANTHONY BEARD

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

575 NW 24<sup>th</sup> ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33127

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 10/13/2000

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 S/C	J. ANTHONY BEARD	575 NW 24 <sup>th</sup> ST	MIAMI FL 33127

KE

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

J. ANTHONY BEARD

Date

10/13/2000

Daytime Phone #

305

CR2E081 (9/99)

305-576-3308 Telephone  
305-576-3475 Facsimile

Mail to:  
P.O. Box 642  
Miami, Florida 33137

J. Anthony Beard  
President & Chief Executive Officer

Reinstatement Branch  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Reinstatement Branch:

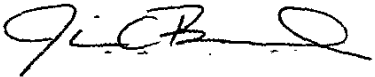
After contacting Stacy in the Reinstatement Branch, we were informed that the US Postal Service returned the required documents sent to us by your office.

It seems that we failed to inform your office of our relocation to the above referenced address.

Enclosed please find the complete request for Corporate Reinstatement and the required fee.

Thank you for your assistance.

Sincerely,



J. Anthony Beard