

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b>
		<b>Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>

FILED

01 NOV 13 PM 5:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P99000031185

**1. Corporation Name**

Overtown Manufacturing Company

**2. Principal Office Address**

575 NW 24th Street

Suite, Apt. #, etc.

**City & State**

Miami, Florida

Zip 33127

Country USA

**3. Mailing Office Address**

P.O. Box 642

Suite, Apt. #, etc.

**City & State**

Miami, Florida

Zip 33137

Country USA

700004733307--8  
-12/13/01--01068--002  
\*\*\*\*750.00 \*\*\*\*750.00

**REINSTATEMENT 2001**

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

03/28/99

**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**

Jimmie Anthony Beard

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

575 NW 24th Street

**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**

11/14/01

**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/S/T/C	Jimmie A. Beard	575 NW 24th Street	Miami, Florida 33127

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/01  
Date

(305) 576-3308

Daytime Phone #

CR2001 (8/00)