

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -3 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 999000046606

1. Corporation Name

O.B.H., INC.
152 FLORIDA SHORES
DAYTONA BEACH, FL. 32118

2. Principal Office Address

152 Florida Shores
Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Daytona Beach, FL
Zip 32118 Country

City & State

Zip Country

REINSTATEMENT 02-09

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

5. FEI Number

59-3587523

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

Yvette Ben-Haroch

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

152 Florida Shores

Suite, Apt. #, Etc.

City

Daytona Beach

State

FL

Zip Code

32118

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**

YVETTE - BEN - HAROCH

REGISTERED AGENT MUST SIGN

Date

2/26/04

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
D	<u>Yvette Ben-Haroch</u>	<u>152 Florida Shores</u>	<u>Daytona Beach, FL 32118</u>
D	<u>Oren Ben-Haroch</u>	<u>152 Florida Shores</u>	<u>Daytona Beach, FL 32118</u>

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:

YVETTE - BEN - HAROCH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/26/04

Daytime Phone #