

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB -4 PM 1:08

DOCUMENT # P99000056282

1. Corporation Name

AFROTIQUE & 11'2, INC

2. Principal Office Address

2980 N. FEDERAL HIGHWAY

Suite, Apt. #, etc.

4

City & State

BOCA RATON FLORIDA

Zip

33431

Country

USA

3. Mailing Office Address

2980 N. FEDERAL HIGHWAY

Suite, Apt. #, etc.

4

City & State

BOCA RATON FLORIDA

Zip

33431

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/21/99

5. FEI Number

65-0931550

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

ERIC MEYERSON

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

3919 CRYSTAL LAKE DRIVE

Suite, Apt. #, Etc.

208

City

DEERFIELD BEACH

State

FL

Zip Code

33064

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 1/30/02

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 MR	ERIC MEYERSON	3919 CRYSTAL LAKE DR #208	DEERFIELD BEACH FL 33064
TREASURER MS	BARBARA JOAN JACKSON	3921 CRYSTAL LAKE DR #415	DEERFIELD BEACH FL 33064

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

Date

1/30/02 (561) 391-9669

Daytime Phone #

CR2E081 (9/00)

AFROTIQUE & II'z, INC

2980 N. FEDERAL HIGHWAY

BOCA RATON, FL 33431

561-391-9669

January 30, 2002

Corporation Reinstatement Dept
Florida Department of State
Division of Corporations

RE: Corporation Reinstatement

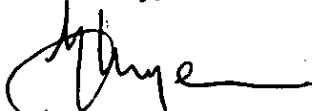
Dear Sir/Madam,

I spoke with an examiner this date and explained that I have been out of the country and also changed addresses twice since incorporation of **Afrotique & II'z, Inc.** I never received notification of any fees due nor was I aware thereof.

The examiner instructed me to submit payment of \$450 to reinstate **Afrotique & II'z, Inc** through the end of 2002. Enclosed please find a completed Corporation Reinstatement form together with a check for \$458.75 which includes a certificate of status.

Should you have any questions please contact me at (561) 391-9669

Sincerely,



Eric Meyerson
President
Afrotique & II,z, Inc