

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAY 14 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000083955**

1. Corporation Name

POMPANO DEPOT, CORP.

2. Principal Office Address

195 NE 1ST AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 1867

Suite, Apt. #, etc.

City & State

Pompano Beach FL

City & State

Pompano Beach FL

Zip

33060

Country

USA

Zip

33061

Country

USA

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

9-22-99

5. FEI Number

65-1056544

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

REMY JEAN

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

195 NE 1ST AVE

Suite, Apt. #, Etc.

100004336671 -4

-05/31/01 -01084 -013

******350.00 ****350.00**

City

Pompano Beach

State

FL

Zip Code

33060

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**

REGISTERED AGENT MUST SIGN

Date 5-2-2001

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 |
|-----------|--------------------------------------|---|------------------------|
| Pres | Remy Jean | 125 N. Dixie Highway | Pompano Beach FL 33060 |
| VP | Merrilus Rodrigue | 551 N.W. 42nd Ct., #208 | Pompano Beach FL 33064 |
| Sec/Treas | Durilas Arne | 195 NE 1ST AVE | Pompano Beach FL 33060 |
| | | | |
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REINSTATEMENT

00-01 TO

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

5-2-2001

Date

Daytime Phone #