

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
 Glenda E. Hood  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **N02000009468**

1. Corporation Name  
**AFRICAN COMMUNITY DEVELOPMENT PROJECT, INC.**

Principal Place of Business	Mailing Address
229 ARBOR CIRCLE SANFORD FL 32773	229 ARBOR CIRCLE SANFORD FL 32773

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/06/2002	
City & State		City & State		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

**FILED**  
 04 APR 30 PM 5:39  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**REINSTATEMENT** - 03-04

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	OJAIDE, DAFE	229 ARBOR CIRCLE	SANFORD FL 32773
PD	ORIE, LAWRENCE O	3100 S.W. 31ST DR., #28	GAINESVILLE FL 32611
D	OBI, JOSEPH	118 WILLETE WAY	DAYTONA BEACH FL 32114
600034778786 04/30/04--01005--009 **297.50			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OJAIDE, DAFE 229 ARBOR CIRCLE SANFORD FL 32773	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State <b>FL</b>

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

*[Signature]*  
**SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date

4/20/04

11. 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]*  
 DAFE OJAIDE  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/04 (321) 356-6302

CR2E040 (7/03)