

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 JUN -6 AM 11:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N99000002189

1. Corporation Name  
AKWA IBOM STATE ASSOCIATION OF NIGERIA (USA)  
INC. MIAMI CHAPTER

2. Principal Office Address  
15121 SW 154TH COURT

Suite, Apt. #, etc.

City & State  
MIAMI-FLORIDA

Zip Country  
33196 MIAMI-DADE

3. Mailing Office Address  
P O BOX 770936

Suite, Apt. #, etc.

City & State  
MIAMI-FLORIDA

Zip Country  
33177 MIAMI DADE

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
65-0917852

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  
BUFFER E EYO

Street Address (P.O. Box Number is Not Acceptable)  
15121 SW 152TH COURT

Suite, Apt. #, Etc.

City  
MIAMI

State Zip Code  
FL 33196

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 05-31-2003

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
DP	BUFFER EYO MR.	15121 SW 154TH COURT	MIAMI FL 33196
DVP	ALOYSIUS OKON DR.	6869 NW 179TH STREET APT. 302	MIAMI FL 33015
DSP	BASSEY OKON MR.	1190 N. STATE RD. 7 APT. 215	FT. LAUDADERDALE FL. 33313
DT	ENOBONG ETTANG MS	17970 SW 134TH COURT	MIAMI FL 33177
DFS	EKAETTE ROBERT MRS.	20464 SW 5TH ST.	PEMBROKE PINES FL. 33029
DPRO	JIMMY UMOH DR.	1914 SW 180TH TERRACE	MIRAMAR FL 33029

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

BUFFER EYO

05-31-2003 786-287-9682

Date

Daytime Phone #

CR2E081 (10/02)

g 6/6