

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM APPROVED AND FILED

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APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

96 OCT -2 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000059765

1. Corporation Name
IMANI INDUSTRIES, INC.

Principal Place of Business Mailing Address
312 PLUM STREET 312 PLUM STREET
THOMASVILLE GA 31792 THOMASVILLE GA 31792



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.		08/11/1994	
City & State		City & State		5. FEI Number	
Zip		Zip		58-2135402	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	WARD, CHARLIE JR.	312 PLUM STREET	THOMASVILLE GA 31792
D	WARD, WILLARD	312 PLUM STREET	THOMASVILLE GA 31792
D	WARD, LETA	3007 SHAMROCK NORTH #10	TALLAHASSEE FL 32308
D	DAWSON, LETA	3007 SHAMROCK NORTH #10	TALLAHASSEE FL 32308 -10/16/96--01047--016 ****200.00 ****200.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ALDERMAN, ELIZABETH 944 6TH STREET W. RIVIERA BEACH FL 33404		Name DAWSON, LETA Street Address (P.O. Box Number Is Not Acceptable) 3007 SHAMROCK NORTH Suite, Apt. #, Etc. #10 City TALLAHASSEE State FL Zip Code 32308	

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.
Signature of Registered Agent: Letia Ward Dawson Date: 9/24/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: Willard Ward Willard Ward 9/24/96 (912) 206-0454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (7/96)



Imani Industries, Inc.

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312 Plum Street • P. O. Box 2017
Thomasville, Georgia 31799
(912) 226-0454 • FAX (912) 226-4985

September 23, 1996

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Sirs:

We did not receive the first or second notices for the State of Florida Corporate Annual Registration Report. Based on my conversation with your office I am submitting a payment for the \$200 corporate annual registration fee and asking you to waive the \$175 reinstatement fee.

I have changed the mailing address to our Post Office box on the reinstatement application. Thank you for your help in this matter.

Sincerely yours,

Imani Industries, Inc.
By: Willard Ward, President

Charlie Ward, Jr., Chairman

Willard W. Ward
President

Leta Ward-Dawson
Secretary

Elizabeth W. Alderman
Agent

Tonja Harding-Ward
Legal Advisor