

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 JAN 24 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F24634

1. Corporation Name

NIAM INC.

Principal Place of Business

10150 N.W. 7TH AVE.
MIAMI FL 33150

Mailing Address

10150 N.W. 7TH AVE.
MIAMI FL 33150

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/06/1981

5. FEI Number

65-0005790

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$0.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P/T	EBOHON, JOHN	475 NW 90 STREET	MIAMI FL 33150
SD	MILLS, PHILIP	20250 SW 182 AVE.	MIAMI FL 33150
D	HARRIS-EBOHON, ALTHERIA	475 NW 90 STREET	MIAMI FL 33150
D	IDAHOSA, EKE PAUL	475 N.W. 90TH ST.	MIAMI FL 33150
S	TIYAN, EWOLA	10150 NW 7TH AVE.	MIAMI FL 33150
D	HARRIS, ANISSA L	10150 NW 7TH AVENUE	MIAMI FL 33150

8. Name and Address of Current Registered Agent

~~EBOHON, JOHN~~
475 NW 90 STREET
MIAMI FL 33150

9. Name and Address of New Registered Agent

Name
EBOHON, JOHN
Street Address (P.O. Box Number is Not Acceptable)
475 NW 90TH STREET
Suite, Apt. #, Etc.
City
MIAMI,
State
FL
Zip Code
33150

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

REGISTERED AGENT MUST SIGN

Date 1/14/2000

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #