## ,PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	RPORAT STATEM	Indiana Later	S	Secretar	TMENT OF STATE y of State ORPORATIONS		(	04 SEP 21	ED MII:	06	
DOCUMENT # N00000004158  1. Corporation Name  ELANDJAH INSTITUTE OF AFRICAN DANCE, INC.							T)	SECRETARY ALLAHASSE	OF STA E, FLORI	TE DA	
3509 Lillian Street #A 3509 Lillian Street #A							<b>400041507154</b> 10/05/0401048002 **70.00				
1			1 -	3. Mailing Office Address 3509 Lillian Street #A			ል ፕሮፔ	MENT	17-11	1	
			Suite, Apt. #, etc. #A			4. Date Incorp	orated or			1	
City & State Tallahassee, Florida			City & State Tallahassee, Florida		ida	5. FEI Numbe 31-171759	r	June 22,	Ap	plied For	
Zip 32305		Country USA	Zip 32305		Country USA	6.		US DESIRED 🛭 \$8	.75 Additiona for a Certifica	l Fee requir	
7. Name and Address of Current Registered Agent											
	Name Janine A. Knight										
	Street Address (P.O. Box Number is Not Acceptable) 3509 Lillian Street					004 040	<b>† 1607</b> : 1048003	1 5 <b>4</b> **122.	<b>5</b> 0		
	Suite, Apt. #, Etc. #A										
	City	Tallahassee					State <b>FL</b>	Zip Code 32305			
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 MOST SIGN  Date									-		
9. Names	and Street A	ddresses of Each Officer and	Vor Director (Flo	rida nonpro	ofit corporations must list at le	ast 3 directors)					
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director			City / State / Zip			
Pres.	Janine A. Knight			3509 Lillian Street #A			Tallahassee, FL 32305				
VP	Marguerita Gayle			6048 SW 37th Street			Miramar, FL 33023				
Sec.	Keachia Bowers			10660 Washington Street #203			Pembroke Pines, FL 33025				

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 filling 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 then 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.

PO Box 20648

325 Mabry Street # G

3509 Lillian Street #A

SIGNATURE<sub>2</sub>

Hist.

Tres.

Act. Dir Kiah Graham

Zalika Kaza

Janine A. Knight

TURE AND TYPED OR BRINTED NAME OP STRINING OFFICER OR DIRECTOR

9/21/2004

Date

(850) 878-8777

Tallahassee, FL 32316

Tallahassee, FL 32304

Tallahassee, FL 32305

Daytime Phone #

R2F081 (01/04



3509 Lillian Street #A, Tallahassee, FL 32305, (850)656-6923

September 7, 2004

Dept of State Corporate Filings/Reinstatement Office Tallahassee, FL 32301

Dear Reinstatement Officer:

I, Janine A. Knight, am interested in reinstating Elandjah Institute of African Dance, Inc. The organization has experience financial difficulties and disorganization, however I along with the other corporate members are interested in reinstating the organization and continuing to provide the Tallahassee, FL community with all the our wonderful services.

Reinstatement is required, the last N4158-UBR filing was done August 12, 2001, since the organization has relocated several times and did not receive it's UBR 2002 notice for filing. We are requesting that the filing fees for 2002 and 2003 be waived, since the notices for filing were not received and there has not been any corporate activities since December 31, 2001. We have resumed corporate activities as of August 12, 2004 and have enclosed a check in the amount of \$61.25 to cover our 2004 filing fees.

Respectfully,

Janine A. Knight

President

1000000004158