

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000007812

1. Corporation Name

EKO CLUB FLORIDA, INC.

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

P. O. BOX 246176

Suite, Apt. #, etc.

City & State

PEMBROKE PINE, FL.

Zip

33024

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/2000

5. FEI Number

651083715

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

FILED
04 FEB 23 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

B-24

100029203111

02/23/04--01031--008 **297.50

7. Name and Address of Current Registered Agent

Name

ADEBAYO ABINA

Street Address (P.O. Box Number is Not Acceptable)

1281 NW 202 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33169

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

Adebayo Abina

Date

1-31-04

REGISTERED AGENT MUST SIGN

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
PD	ADEBAYO ABINA	1281 NW 202 ST.	MIAMI, FL 33169
SD	BASHEER AROMIRE	5467 SW 11 th Street	MARGATE, FL 33068
TD	OLATUNJI OLARINDE	7434 SW 14TH COURT	NORTH LAUDERDALE, FL 33068

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:

Adebayo Abina

ADEBAYO ABINA

305-216-3853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E081 (10/02)