

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 APR -6 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000007812

1. Corporation Name

EKO CLUB FLORIDA, INC

REINSTATEMENT 08-10

2. Principal Office Address - No P.O. Box #

7434 SW 14 CT

3. Mailing Office Address

"SAME"

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH LAUDERDALE, FL

City & State

Zip

33068

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

651083715

☐ 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

ADEBAYO ABINA

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

16546 SW 39 ST

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33027

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 W
REGISTERED AGENT MUST SIGN

Date 3/29/2010

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
President	OLATUNJI ARIORI	7434 SW 14 CT.	N. LAUDERDALE, FL 33068
SD	ADEBAYO ABINA	16546 SW 39 ST.	MIRAMAR, FL 33027
TD	QUADRI A. SALVADOR	20100 NW 36 CT	MIAMI, FL 33056

10. E-mail Address: bma35200@yahoo.com

(To be used for future annual report notification)

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. I further certify, 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 W
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/29/10
84-629-9214

Daytime Phone #