PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED
06 JUN -1 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000005660

1. Corporation Name: AFRICAN WORLD ARTISTS COLLECTIVE, INC.

REINSTATEMENT 04-06 DSC

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
1001 SW 39 AVENUE	1001 SW 39 AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT LAUDERDALE, FLORIDA	City & State: FORT LAUDERDALE, FLORIDA
Zip: 33312 Country: USA	Zip: 33312 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/06/2001

5. FEI Number: 223850656 ☐ 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: ANTHONY R. THOMPSON

400076205094
06/14/06--01042--015 **367.50

Street Address (P.O. Box Number is Not Acceptable): 1001 SW 39 AVENUE

Suite, Apt. #, Etc.:

City: FORT LAUDERDALE State: FL Zip Code: 33312

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: Anthony R. Thompson — REGISTERED AGENT MUST SIGN — Date: 5/30/2006

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	ANTHONY R. THOMPSON	1001 SW 39 AVE. FT. LAUD., FL 33312	FT. LAUD., FL 33312
VD	JOHNSON ODIBI	3273 NW 181 ST STREET	CAROL CITY, FL 33056
SD	NZINGAH ONIWOSAN	12277 COLONY PRESERVE DR.	BOYTON BEACH, FL 33436
TD	TASHEMA HARNETT	9170 NW 19TH PLACE	SUNRISE, FL 33322

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 contained in Chapter 119, 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: Anthony R. Thompson ANTHONY R. THOMPSON 5/30/2006 (954)792-1311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #