

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000007803

**FILED**  
**Oct 12, 2009**  
**Secretary of State**

**Entity Name:** INTERNATIONAL ACADEMY OF AFRICAN BUSINESS AND DEVELOPMENT, INC.

**Current Principal Place of Business:**

86 MAIN STREET  
SOUTH GLASTONBURY, CT 060730029 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 29  
SOUTH GLASTONBURY, CT 060730029 US

**New Mailing Address:**

**FEI Number:** 01-0731322      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KOLO, JERRY  
3222 NW 22 AVENUE  
FORT LAUDERDALE, FL 33309 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JERRY KOLO

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ENYINDA, CHRIS DR.  
Address: ALABAMA A&M UNIV. SOB, 4900 MERIDIAN ST  
City-St-Zip: NORMAL, AL 35762 US

Title: VD ( ) Delete  
Name: OWUSU-FRIMPONG, NANA DR.  
Address: LONDON METRO UNIV SCH BUS 31 JEWRY STREET  
City-St-Zip: LONDON, UK EC3N 2EY UK

Title: VTD ( ) Delete  
Name: SCHROTH, PETER W DR.  
Address: 86 MAIN STREET, P.O. BOX 29  
City-St-Zip: SOUTH GLASTONBURY, CT 060730029 US

Title: D ( ) Delete  
Name: AIYEKU, JOSEPH DR  
Address: 352 LAFAYETTE STREET (BUSINESS DEPT.)  
City-St-Zip: SALEM, MA 01970 US

Title: D ( ) Delete  
Name: NWANKWO, SONNY DR  
Address: 1150 DOUGLAS PIKE (MARKETING DEPT.)  
City-St-Zip: SMITHFIELD, RI 02917 US

Title: D ( ) Delete  
Name: OGBUEHI, ALPHONSO DR  
Address: 1150 DOUGLAS PIKE (MARKETING DEPT.)  
City-St-Zip: SMITHFIELD, RI 02917 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER W. SCHROTH

DR,

10/12/2009

Electronic Signature of Signing Officer or Director

Date