

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000000286	
1. Entity Name NIGERIAN-AMERICAN CHAMBER OF COMMERCE INC.	



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY -9 PM 3:31

REINSTATEMENT 09-05



Principal Place of Business 2063 OPA LOCKA BLVD. MIAMI, FL 33054	Mailing Address 2063 OPA LOCKA BLVD. MIAMI, FL 33054
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02242005 REIN-NP CR2E099 (6/04)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JACK, SAMUEL 2063 OPA LOCKA BLVD. MIAMI, FL 33054		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Samuel Jack* 04/29/05 DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACK, SAMUEL 2063 OPA LOCKA BLVD. MIAMI, FL 33054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400054666164 05/17/05--01021--001 **\$5.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABINA, BAYO 1281 N W 202 ST MIAMI, FL 33169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400054666324 05/17/05--01021--002 **\$5.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANYIKNAM, FRANKLIN DR. 1019 PINE BRANCH DR WESTEN, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGILEYE, ISAAC DR 10825 S W 184TH ST MIAMI, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS AKIMBIYI, SUNDAY 18542 N W 23 CT MIAMI, FL 33056 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ENOGIERU, SUNDAY 9811 BOSQUE LANE MIRAMAR, FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Samuel Jack* 04/29/05 305 681 3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

04/29/05

N02000000286 R
NIGERIAN-AMERICAN CHAMBER OF COMMERCE INC.
2063 OPA LOCKA BLVD.
MIAMI FL 33054

TO WHOM IT MAY CONCERN

TWO CHECKS ARE ENCLOSED IN THE AMT. OF ONE HUNDRED & THIRTY DOLLS FOR 04 & 05 FILLING YRS RESPECTIVELY.

04 YR FILLING APPLICATION WAS NOT RECEIVED NOT UNILL I CALLED YOUR OFFICE BEFORE RECEIVING FICS FORM. AS A RESULT, WE HAVE ENCLOSED THE ABOVE STATED AMOUNT TO BRING OUR STATUS CURRENT.

CALL OR ADVISE US IF FURTHER INFORMATION IS REQUIRED.

VERY TRULY

Sam Jack