


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 10 APR 30 PM 4:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>N02000006745</u>					
1. Corporation Name <u>PEOPLES CLUB OF NIGERIA INTERNATIONAL</u> <u>INC. - MIAMI BRANCH</u>					
2. Principal Office Address - No P.O. Box # <u>2530 NW 131 ST</u>			3. Mailing Office Address <u>2530 NW 131 ST</u>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <u>MIAMI, FL</u>			City & State <u>MIAMI FL</u>		
Zip <u>33167</u>	Country <u>DADE</u>	Zip <u>33167</u>	Country <u>DADE</u>	REINSTATEMENT <u>99-10</u>	
4. Date Incorporated or Qualified To Do Business in Florida <u>09/25/2002</u>				5. FEI Number <u>113651814</u>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent					
Name <u>DR. EMMANUEL OBIESIE</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>2530 NW 131 ST</u>					
Suite, Apt. #, Etc.					
City <u>MIAMI</u>		State <u>FL</u>	Zip Code <u>33167</u>		
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 <u>[Signature]</u>				Date <u>4/28/10</u>	
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		
<u>D/C</u>	<u>DR. EMMANUEL OBIESIE</u>	<u>2530 NW 131 ST</u> <u>MIAMI, FL 33167</u>	<u>MIAMI, FL 33167</u>		
<u>D</u>	<u>FOSTER OKAFOR</u>	<u>3136 ATWATER DRIVE</u>	<u>ORLANDO, FL 32825</u>		
<u>D/PS</u>	<u>JUDE OSUJI</u>	<u>7373 NW 174th TR. #106</u>	<u>MIAMI LAKES, FL 33015</u>		
<u>S</u>	<u>RAPHAEL ONOH</u>	<u>240 N.W. 151 Ave</u>	<u>PEMBROKE PINES, FL 33028</u>		
<u>D</u>	<u>EMMANUEL OKPALA</u>	<u>20050 NW 65 CT.</u>	<u>MIAMI, FL 33015</u>		
<u>D/I</u>	<u>CHUKWU JEKWU UDECHUKWU</u>	<u>9843 SW 159th Ave</u>	<u>MIAMI FL 33196</u>		
10. E-mail Address: _____ (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 <u>[Signature]</u>				Date <u>4/28/10</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>DR. EMMANUEL OBIESIE</u>				Daytime Phone # <u>305-342-6730</u>	

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