

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000009468

1. Corporation Name

AFRICAN COMMUNITY DEVELOPMENT PROJECT, INC.

Principal Place of Business

229 ARBOR CIRCLE
SANFORD FL 32773

Mailing Address

229 ARBOR CIRCLE
SANFORD FL 32773

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/06/2002

5. FEI Number

☒ Applied For
☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	OJAIDE, DAFE	229 ARBOR CIRCLE	SANFORD FL 32773
PD	ORIE, LAWRENCE O	3100 S.W. 31ST DR., #28	GAINESVILLE FL 32611
D	OBI, JOSEPH	118 WILLETE WAY	DAYTONA BEACH FL 32114

600034778786
04/30/04--01005--009 **297.50

8. Name and Address of Current Registered Agent

OJAIDE, DAFE
229 ARBOR CIRCLE
SANFORD FL 32773

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

4/20/04

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

[Signature]
DATE: 4/20/04
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: OJAIDE, DAFE

4/20/04 (321) 356-6302

Date

Daytime Phone #

CR2E040 (7/03)