

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 31 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000000301

1. Corporation Name

GHANA - AMERICAN CHAMBER OF COMMERCE, INC.

W07-2945

REINSTATEMENT

300087608343

02/07/07--01053--028 **8.75

CR2E081 (12/05)

05-07

2. Principal Office Address

16146 NW 14TH CT

3. Mailing Office Address

16146 NW 14TH CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FLORIDA

City & State

PEMBROKE PINES, FLORIDA

Zip

33028

Country

USA

Zip

33028

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

JANUARY 13, 2003

5. FEI Number

270042901

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

KINGSLEY ANTWI

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

16146 NW 14TH CT

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33028

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 1/17/07

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
P	KINGSLEY ANTWI	16146 NW 14TH CT	PEMBROKE PINES, FL 33028
VP	EMMANUEL AKUAMOAH	5288 NW 186 ST	MIAMI, FL 33055
S.	GILBERT KUBAYANDA	4341 NW 19TH ST. APT. #8	LAUDERHILL, FL 33313
D.	SAM NYANTE	22475 LABRADOR ST.	BOCA RATON, FL 33428
D.	DR. ISAAC ERZAH	7797 GRANDE ST.	SUNRISE, FL 33351

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/07

Date

(454) 442-7711

Daytime Phone #

GHANA-AMERICAN CHAMBER OF COMMERCE, INC.

16146 NW 14TH COURT

PEMBROKE PINES, FL 32808

Tel. (954) 442-7711, Fax. (954) 447-0583, Email. obarosie@aol.com

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January 16th, 2007

**Department of State
Division of Corporations
P. O. B OX 6327
Tallahassee, FL 32314**

**RE: APPLICATION TO WAIVE REINSTATEMENT FEE DUE TO NON RECEIPT
OF THE ANNUAL REPORT NOTICES**

Dear Sir / Madam,

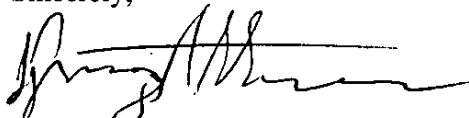
The entire members and executives of the above organization are pleading with the State agency to waive the \$175.00 reinstatement fees stated on the application form.

Unfortunately the Chamber never received the annual report notices in the year of dissolution / revocation. (2005)

Counting on your immense cooperation, we thank you in advance and hope this application will be honored to enhance active continuation of the Chamber's business functions in the State of Florida.

Enclosed is a check in the amount of \$183.75, for the year/s the chamber has been out of active status.

Sincerely,



PRESIDENT

Kingsley Antwi