

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DEC 22 AM 8:15

DOCUMENT # N03000004072

1. Corporation Name

IGBO YOUTH CLUB OF FLORIDA INC

2. Principal Office Address - No P.O. Box #  
2300 NW 181 TERRACE

3. Mailing Office Address  
2300 NW 181 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
MIAMI GARDENS, FL

City & State  
MIAMI GARDENS, FL

Zip Country  
33056 USA

Zip Country  
33056 USA

4. Date Incorporated or Qualified  
To Do Business in Florida 05/14/2003

5. FEI Number  
743126088

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  
KAVIN O. KING

Street Address (P.O. Box Number is Not Acceptable)  
2300 NW 181 TERRACE

Suite, Apt. #, Etc.

City  
MIAMI GARDENS

State Zip Code  
FL 33056

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 12/17/2008

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
P	KAVIN O. KING	2300 NW 181 TERRACE	MIAMI GARDENS, FL. 33056
V	JOHN NWAOKEAFOR	2300 NW 181 TERRACE	MIAMI GARDENS, FL. 33056
S	CHIDI NWOSU	2025 NE 164 ST #810	MIAMI, FL. 33162
T	COLLINS ANYIAM	1035 NW 55 LANE #301	MIAMI, FL. 33169

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/17/2008

Date

(305)4010188

Daytime Phone #

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