

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N04000003222</b> 1. Entity Name <b>IBADAN DESCENDANTS UNION OF USA INC. CENTRAL FLORIDA CHAPTER</b>						<b>FILED</b> <b>05 NOV 15 AM 9:53</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>PO BOX 948597</b> <b>MAITLAND, FL 32794-8597</b>				Mailing Address <b>PO BOX 948597</b> <b>MAITLAND, FL 32794-8597</b>			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 622494</b>  Suite, Apt. #, etc.					
City & State <b>Oviedo FL</b>		City & State <b>Oviedo FL</b>		4. FEI Number <b>43-824-1851</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>32762</b>	Country <b>USA</b>	Zip <b>32762</b>	Country <b>USA</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>ALUGBIN, DAYO</b> <b>1555 WILLOW GARDENS DR</b> <b>WINDERMERE, FL 34786</b>				7. Name and Address of New Registered Agent Name <b>LOLA APANPA</b> Street Address (P.O. Box Number is Not Acceptable) <b>403 GREEN SPRING CIR</b> City <b>WINTER SPRINGS FL</b> Zip Code <b>32708</b>			
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>11/10/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2006, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OLADIPO, ALHAJI 304 LAKE AVENUE APT 116D MAITLAND, FL 327516381	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MUSIBAU OLADIPO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOLAJI, ADISA 629 BUCKINGHAM DR OVIEDO, FL 32765	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>400061439904</b> <b>11/15/05--01046--019 **70.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS APANPA, LOLA 403 GREEN SPRING CIRCLE WINTER SPRINGS, FL 32708	<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		<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		<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: <b>LOLA APANPA</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>NOV 10th 2005</b> <small>Daytime Phone #</small>			