

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 14 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/14/10--01003--005 **183.75

CR2E081 (11/09)

DOCUMENT # N05000003662

1. Corporation Name
NANA AMANIN OWUSU FOUNDATION

2. Principal Office Address - No P.O. Box # 3400 GALLANT FOX		3. Mailing Office Address SAME	
Suite, Apt. #, etc. TRAIL, TALLAHASSEE		Suite, Apt. #, etc.	
City & State Florida		City & State	
Zip 32309	Country Leon	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name DR. YAW A. OWUSU			
Street Address (P.O. Box Number is Not Acceptable) 3400 Gallant Fox Trail			
Suite, Apt. #, Etc.			
City TALLAHASSEE	State FL	Zip Code 32309	

☒ 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 Yaw A. Owusu	Date 01/14/2010
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
PCED	DR. OWUSU, YAW A	3400 Gallant Fox Tr.	Tallahassee, FL 32309
T	MRS. OWUSU, BENAA A		
V	OWUSU, Boampon, AFRA	11901 Blue February Way	Columbia, MD 21044
S	OWUSU, Kwabena	3400 Gallant Fox Tr.	Tallahassee, FL 32309
VT	OWUSU, JR., YAW A. OWUSU	3400 Gallant Fox Tr.	Tallahassee, FL 32309

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: Yaw A. Owusu	January 14, 2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #