2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 21, 2008
Secretary of State

DOCUMENT# N06000011228

Entity Name: ASSOCIATION OF NIGERIANS IN JACKSONVILLE, INC.

Current Principal Place of Business:

12840 BAYSTONE COURT
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

12840 BAYSTONE COURT
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number: 20-5864977 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ENOFE, AUGUSTINE DR
1225 W BEAVER STREET
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

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.

SIGNATURE: AUGUSTINE ENOFE

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ADIGWEME, ALOY
Address: 12840 BAYSTONE COURT
City-St-Zip: JACKSONVILLE, FL 32223

Title: D ( ) Delete
Name: NWOGA, IMELDA
Address: 1205 ELLINGTON CT
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: S ( ) Delete
Name: SOGBESAN, ADEKUNLE
Address: 2044 UNIVERSITY BLVD N
City-St-Zip: JACKSONVILLE, FL 32211

Title: V ( ) Delete
Name: UDENZE, RONALD
Address: 3622 CAROLINE VAVE BLVD
City-St-Zip: JACKSONVILLE, FL 32277

Title: T ( ) Delete
Name: ENOFE, AUGUSTINE
Address: 1225 W BEAVER STREET
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALOY ADIGWEME P 10/21/2008

Electronic Signature of Signing Officer or Director — Date