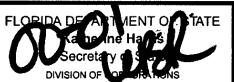
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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 Corporation Name IBO ASSOCIATION OF SOUTH FLORIDA (IGWE BU IKE)

2. Principal Office Address 3. Mailing Office Address P.O. BOX 692998 P.O. BOX 692998 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida 08-12-87 City & State City & State Applied For 5.-FEI Number: MIAMI, FL _MIAMI,_FL 65-0 Country Country 33169 33169 US US CERTIFICATE OF STATUS D

	7. Name and Address of Current Registered Agent			
Name	NONDXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	300004627483		
Street Address (P.O. Box Number is Not Acceptable) ***********************************		-10/08/01010// Avenue ****122.50 ****13		
Suite, Ap	ot. #, Etc.			

City State Zip Code 33129 MIAMI

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 /

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Titles City / State / Zip Officers and/or Directors Officer and/or Director D MIAMI, FL 33169 P 135 N.E 163RD STREET BARTHOLOMEW OKORO CHUCK MOGBO BOCA RATON, FL 33428 10322 BOCA SPRING DRIVE S MIAMI, FL 33150 AUGUSTIN MBELU 282 N.W 83RD STREET CHUCK IHEM 7775 W. GRANADA BLVD MIRAMAR, FL 33025 755 N.W 128TH STREET RICHARD NZERIBE 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 filling 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 under section 119.07(3)(i), 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