

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
01 OCT -2 AM 8:39

DOCUMENT # N22003

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

2. Principal Office Address  
P.O. BOX 692998

3. Mailing Office Address  
P.O. BOX 692998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
MIAMI, FL

City & State  
MIAMI, FL

Zip 33169 Country US

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4. Date Incorporated or Qualified  
To Do Business in Florida 08-12-87

5. FEI Number 65-0046738 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 ~~XXXXXXXXXXXXXXXXXXXX~~ Michael Nwadike

300004627483--0

Street Address (P.O. Box Number is Not Acceptable)

~~XXXXXXXXXXXXXXXXXXXX~~ 2238 South Miami Avenue \*\*\*122.50 \*\*\*12.50

Suite, Apt. #, Etc.

City  
MIAMI

State Zip Code  
FL 33129

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 *M Nwadike*

Date 6/26/01

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	BARTHOLOMEW OKORO	135 N.E 163RD STREET	MIAMI, FL 33169
V	CHUCK MOGBO	10322 BOCA SPRING DRIVE	BOCA RATON, FL 33428
S	AUGUSTIN MBELU	282 N.W 83RD STREET	MIAMI, FL 33150
T	CHUCK IHEM	7775 W. GRANADA BLVD	MIRAMAR, FL 33025
D	RICHARD NZERIBE	755 N.W 128TH STREET	MIAMI, FL 33169
			SP

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 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

6/26/01 (305)856-8150  
Date Daytime Phone #