PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
99 SEP 13 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N46292

1. Corporation Name

Journey To Africa Inc.

Principal Place of Business	Mailing Address
]	90 NW 191 Street Miami FL 33169

REINSTATEMENT 98-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/4/91

5. FEI Number: 65-0300594 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
President	Cedric Brooks	c/o 150 NW 192 Street	Miami, FL 33179
Vice President	Sandra Ettori Brooks	90 NW 191 Street	Miami, FL 33169
Director	Michael Smikle	17962 NW 40th Court	Carol City, FL 33055
			400002989194--8
			-09/16/99--01065--002
			****297.50 ****297.50

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Sandra Brooks 90 NW 191 Street Miami FL 33169	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E061 (12/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Sandra Brooks — REGISTERED AGENT MUST SIGN — Date 8/31/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 8/31/99 — Daytime Phone # 9/13/99