

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

02 MAY -7 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/17/02--01009--001
****306.25 ****306.25

REINSTATEMENT

2001-2002

DOCUMENT # **N49543**

1. Corporation Name

A - Dramatized word INC

2. Principal Office Address

19 west Hallandale Beach Blvd

Suite, Apt. #, etc.

City & State

Hallandale, FL

Zip

33009

Country

Broward

3. Mailing Office Address

19 west Hallandale Beach Blvd

Suite, Apt. #, etc.

City & State

33009 Hallandale, FL

Zip

33009

Country

Broward

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/24/92

5. FEI Number

65-0343378

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

Emmanuel

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

Patrick Inwang
19 west Hallandale Beach Blvd

Suite, Apt. #, Etc.

City

Hallandale

State

FL

Zip Code

33009

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

Emmanuel

REGISTERED AGENT MUST SIGN

Date

5/7/02

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
Director	Victor I. Patrick	13015 Biscayne Blvd	N. Miami, FL 33180
Asst Director	NIKRU, NWAABI	20941 NE 25th ct	N. Miami Beach, FL 33180
Staff Director	Edmma, Ekpennyong	170 NE 158st	N. Miami Beach, FL 33180
Coordinator Director	Mildred, Mcfoy	14560 NE 6th Ave	N. Miami Beach, FL 33180
Head Director	G bry P. Inwang	19 west Hallandale Beach Blvd	Hallandale, FL 33009

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:

Emmanuel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/7/02 {878-3508}

Daytime Phone #

CR2E081 (9/01)