


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

 <div style="display: inline-block; text-align: left;">CORPORATION REINSTATEMENT</div> <div style="display: inline-block; text-align: center; vertical-align: top;">FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</div>		FILED 00 NOV 28 PM 4:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>N92000000683</u>			
1. Corporation Name <u>THE AFRICAN COMMUNITY ASSOCIATION</u> <u>OF CENTRAL FLORIDA INC</u> <u>W00000024517</u>			
2. Principal Office Address <u>P.O. BOX 1460</u> <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address <u>P.O. BOX 1460</u> <small>Suite, Apt. #, etc.</small>	
City & State <u>ORLANDO, FL</u>		City & State <u>ORLANDO FL</u>	
Zip <u>32802</u>	Country <u>USA</u>	Zip <u>32802</u> Country <u>USA</u>	
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number <u>59-314-8156</u>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		SP Applied For Not Applicable	
7. Name and Address of Current Registered Agent			
Name <u>OBI ENEMCHUKWU</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>91 GENEVA DRIVE</u> Suite, Apt. #, Etc.			
City <u>Oviedo</u>			
State <u>FL</u>			
Zip Code <u>32765</u>			
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 <u>[Signature]</u>		Date <u>9-2-00</u>	
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
<u>P/D</u>	<u>OBI ENEMCHUKWU</u>	<u>91 Geneva Drive</u>	<u>Oviedo, FL 32765</u>
<u>T/D</u>	<u>Noble OLasimbo</u>	<u>2768 Foxdale Drive</u>	<u>Deltona FL 32738</u>
<u>S/D</u>	<u>Ademola John</u>	<u>5654 Pine Chase Dr</u>	<u>Orlando FL 32808</u>
<u>D</u>	<u>Itu Otu</u>	<u>3602 Ranchwood Rd</u>	<u>Orland FL 32808</u>
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: <u>[Signature]</u> <u>Obi Enemchukwu</u>		Date <u>9-2-00</u>	Daytime Phone # <u>(407) 366-2677</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2E08 (9/99)